ATTACHMENT 1

REGION VII MULTIMEDIA SCREENING CHECKLIST

Facility Air Capital Plating | Facility Ownership Thayer Corp. - Wichita | Inspector Beatty/Higbee
Street 1702 S. Knight | Facility Contact Curt Howell | Inspector Phone Ext. x5089/x5003
City Wichita | County Sedgwick | Phone 316-946-0731 | SIC code _____ | Primary Media air
State KS | Zip _____ | Number of Employees 100-120 | Normal Work Hours/Shifts 6am-2am 2 shifts Sat 6am-11am | Date 1/13/99

1. Are there any permits or registrations in the following areas? NPDES (discharge ☐, pretreatment ☒) 404-Wetlands ☐ UIC ☐ UST ☐ PWS ☒ RCRA ☐ TRI ☒ CAA ☒ Other ☐ Describe: _____
2. What does the facility do? process metal aircraft parts
3. What major raw materials are used? metal parts
   - Does facility use more than 200 gallons or 1,500 pounds per month of-- Acids ☒, Bases ☒, Ammonia ☐, Chlorine ☐, Chlorinated Solvents ☐, Inorganic Chemicals ☒, Organic Chemicals ☐, Explosives ☐, Fuels ☐, Gases ☐, Solvent-Based Paints ☒, or Solvents ☒, Other _____
   - Does facility store on-site more that 100 gallons or 1,000 pounds of -- Acids ☒, Bases ☒, Ammonia ☐, Chlorine ☐, Chlorinated Solvents ☒, Inorganic Chemicals ☒, Organic Chemicals ☒, Explosives ☐, Fuels ☐, Gases ☐, Solvent-Based Paints ☒, or Solvents ☒, Other _____
4. Provide brief process description: metal finishing and painting of various aircraft parts
   (Check all that apply): Painting/Coating (Water-based ☒, Solvent-based ☒), Printing ☐, Reacting ☐, Formulating ☐, Distilling ☒
   Parts Washers/Degreasing (Water-based ☐, Halogenated-based ☒, Non-halogenated-based ☐), Combustion (boiler, furnaces, oxidizers) ☒
   Electroplating(Chrome ☒, Other anodizing) Electroless plating(Type _____)
5. Describe each waste generated by the facility:

Waste Name	Generation Process	Quantity/Month	Final Disposition of Waste	How Long Stored	Is the waste hazardous? No	Yes	Don't know
Paint filters					☐	☐	☐
See bi-annual report attached					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

ENVIRONMENTAL JUSTICE (EJ)

1. What type of area is the facility located in? Industrial ☒ Business ☐ Residential ☐ Rural ☐
   Does the area appear to be run down, poorly maintained, or have many abandoned and dilapidated properties? No ☒ Yes ☐
2. What is the estimated income level of the residents in the area that may be impacted by the facility? Low ☐ Moderate ☒ High ☐
3. How close are the nearest normally occupied properties (houses, apartments, schools): <100' ☐ 100-1000' ☐ 1000'-1 mile ☐ >1 mile ☒

NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES), **UNDERGROUND INJECTION CONTROL** (UIC), **PUBLIC WATER SUPPLY** (PWS)

1. How are wastewaters handled?

	None	On-site Treatment	Municipal Sewer	Storm Sewer	Surface Water	Septic	Disposal Well	Land
Process wastewater →	☐	☒	☐	☐	☐	☐	☐	☐
Non-contact wastewater →	☐	☐	☒	☐	☐	☐	☐	☐
Sanitary wastewater →	☐	☐	☒	☐	☐	☐	☐	☐

Comments: _____

2. Did you see any wastewater discharges not identified by the facility? No ☒ Yes ☐ Location of discharge: _____
   _____ Appearance of discharge: _____ (PHOTO ☐)
3. What is the source of the facility's drinking water? Rural/Municipal ☒ Private well ☐ River ☐ Other ☐ _____
4. Is the facility's water source protected with a backflow prevention device? No ☐ Yes ☒ Don't know ☐

GRAY SHADED AREAS INDICATE ITEMS YOU NEED TO LOOK FOR DURING VISUAL INSPECTION

WETLANDS (CWA - Section 404)

1. Did you see any streams, rivers, ponds, lakes, or temporarily wet areas being (or have been) disturbed by filling, dredging, channelizing, damming, excavating, gravel removal, etc.? No ☑ Yes ☐ Don't know ☐ Describe/locate: _____ (PHOTO ☐)

CLEAN AIR ACT (CAA)

1. Did you see any visible smoke or dust emissions? (non-steam) No ☑ Yes ☐ Source: _____ Time: _____ (PHOTO ☐)
2. Did you see any dust leaving the property? No ☑ Yes ☐ Source: _____ Time: _____ (PHOTO ☐)
3. In the past 2-3 years, has the facility modified or installed any new air emission points? No ☑ Yes ☐ Describe: _____ _____. Was a permit obtained? No ☐ Yes ☐, Permit No. _____
4. Are there stationary air conditioning or refrigeration units that contain? < 50 lbs refrigerant/unit ☑ > 50 lbs refrigerant/unit ☐ Both ☑ None ☐
   Are these units: Self-serviced? ☐ Contract Serviced? ☑ → Service Company: Central HVAC Service Keeps track of leaks leaks repaired
   20-25 units < 50 lbs 1-R-22 unit - 55 lbs
5. Are motor vehicle air conditioning systems: Self-serviced? ☐ Contract Serviced? ☐ → Service Company: Quality Chev. None ☐
   1 truck

RESOURCE CONSERVATION AND RECOVERY ACT (RCRA) **AND UNDERGROUND STORAGE TANKS** (UST)

1. EPA Hazardous Waste Identification Number? No ☐ Yes ☑ → # KSD073323081 Generator Size Large
2. Does facility: Treat ☐, Burn ☐, Landfill ☐, or use Surface Impoundments ☐, for on-site hazardous waste management? No ☑
3. Did you see large numbers of drums (>15) of unknown materials stored in an "abandon-like" manner? No ☑ Yes ☐
   Describe: _____ (PHOTO ☐)
4. Did you see any hazardous waste containers, drums, or tanks leaking? No ☑ Yes ☐
   Describe: _____ (PHOTO ☐)
5. Did you see any signs of spills or releases (e.g., dead or stressed vegetation, stains, discoloration)? No ☑ Yes ☐
   Describe: _____ (PHOTO ☐)
6. Did you see any chemical, industrial, or waste handling practices that concerned you (consider access to children and public)? No ☑ Yes ☐
   Describe: _____ (PHOTO ☐)
7. Does facility have any past or present underground storage tanks that contain petroleum, used oil, or hazardous substances? No ☑ Yes ☐
8. Does facility have any underground fuel storage tanks for emergency generators? No ☑ Yes ☐

EMER. PLANNING & COMMUNITY RIGHT TO KNOW ACT (EPCRA), **TOXIC SUBSTANCES CONTROL ACT** (TSCA) **& PCB's** (Polychlorinated Biphenyls)

1. Have Toxic Chemical Release Forms (Form R) been submitted under Section 313 of EPCRA? No ☐ Yes ☑
2. Have Hazardous Chemical Inventory Forms (Tier II) been submitted to local Emergency Planning Committees or fire departments? No ☐ Yes ☑
3. Does facility import or manufacture a chemical substance? No ☑ Yes ☐ Describe type and intended use: _____
4. Does facility have equipment containing PCB's >500 ppm in storage or service – that is leaking ☐, not labeled ☐, or not registered ☐? No ☑

SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN (SPCC)

1. Does facility have above ground **oil** (petroleum, synthetic, animal, fish, vegetable) tanks, with an aggregate volume >1320 gallons? No ☑ Yes ☐
   Is there an SPCC Plan? No ☑ Yes ☐ Is there secondary containment? No ☐ Yes ☐
   Is oil leaking and threatening to reach waters of the State or U.S.? No ☑ Yes ☐ Describe: _____ (PHOTO ☐)

FEDERAL INSECTICIDE, FUNGICIDE, AND RODENTICIDE ACT (FIFRA)

1. Does the facility manufacture, repackage, or apply pesticides? No ☑ Yes ☐
   Are rinsates handled in an environmentally sound manner? Yes ☐ No ☐ → Describe: _____ (PHOTO ☐)
2. Do workers use personal protective equipment (gloves, long sleeve shirts, coveralls) when mixing, loading, or applying? No ☐ Yes ☐

**** PLEASE TAKE PHOTOS TO DOCUMENT POTENTIAL PROBLEMS***

GRAY SHADED AREAS INDICATE ITEMS YOU NEED TO **LOOK** FOR DURING VISUAL INSPECTION

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION
KSD073323081
KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label ☒ or → ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐☐	B. County Same as label ☐ or → Sedgwick
C. Site/company name Same as label ☒ or →	D. Has the site name associated with this EPA ID changed since 1995? 1 Yes ☒ 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label ☒ or →	
F. City, town, village Same as label ☒ or →	G. State Same as label ☒ or → ☐☐
	H. Zip Code Same as label ☒ or → ☐☐☐☐☐ - ☐☐☐☐

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? ☒ 1 Yes (SKIP TO SEC. III) ☐ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address		
C. City, town, village	D. State ☐☐	E. Zip Code ☐☐☐☐☐ - ☐☐☐☐

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name	First name	M.I.	B. Title	C. Telephone Number
Howell	Curtis	B	Compliance Manager	316 943 - 0731 Extension ☐☐☐☐

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name	First name	M.I.	B. Title
Howell	Curtis	B	Compliance Manager

C. Signature Curtis B Howell	D. Date of signature 02 27 98 Month Day Year

Over →

EPA ID NO. KSD073232081

Sec. V	Generator status. Instructions begin on page 8.

A. 1997 RCRA generator status (CHECK ONE BOX BELOW)	B. Reason for not generating (CHECK ALL THAT APPLY)	
☒ 1 LQG ☐ 2 Kansas ☐ 3 SQG } SKIP TO SEC. VI ☐ 4 Non-generator (CONTINUE TO BOX B)	☐ 1 Never generated ☐ 2 Out of business ☐ 3 Only excluded or delisted waste ☐ 4 Only non-hazardous waste	☐ 5 Periodic or occasional generator ☐ 6 Waste minimization activity ☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI	On-site waste management status. Instructions page 10.

A. Storage subject to RCRA permitting requirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements
☐	☐

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
KSD073323081
SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Corrosive Spent Acid from anodizing of Aluminum

B. EPA hazardous waste code (page 12): D002

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A29

G. Point of measurement (p. 14): 1

H. Form code (page 14): B104

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 49011.0

B. UOM (page 15): 1
Density: . — ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 49011.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16): .

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		.
Site 2		M		.
Site 3		M		.

Comments:
Sec 1 (F): Anodizing of Aluminum

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Corrosive Spent Acid from deoxidizing of Aluminum

B. EPA hazardous waste code (page 12): D002

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A27

G. Point of measurement (p. 14): 1

H. Form code (page 14): B104

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 36400.0

B. UOM (page 15): Density . ; ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 36406.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		.
Site 2		M		.
Site 3		M		.

Comments:

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1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent solvent from degreasing operations.

B. EPA hazardous waste code (page 12): D040 | F001 | NA | NA | NA | NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A07

G. Point of measurement (p. 14): 1

H. Form code (page 14): B202

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 2275.0

B. UOM (page 15): 1 — Density: ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M021

Quantity treated, disposed, or recycled on site in 1997 (page 16): 975.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	MOD980962849	M061	1	1300.0
Site 2		M		
Site 3		M		

Comments:

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SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Tetrachloroethylene Still bottoms

B. EPA hazardous waste code (page 12): F001 | D040 | NA | NA | NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A73

G. Point of measurement (p. 14): 1

H. Form code (page 14): B601

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 100.0

B. UOM (page 15): 1 — Density: ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M0D980962849	M01	1	100.0
Site 2		M		
Site 3		M		

Comments:

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AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Flammable waste paint ~~sludge~~ solid containing chrome and lead

B. EPA hazardous waste code (page 12): D001 D007 D008 D035 MA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A21

G. Point of measurement (p. 14): 1

H. Form code (page 14): B409

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 17000.0

B. UOM (page 15): 1 — Density: ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1
On-site process system type (page 16): M
Quantity treated, disposed, or recycled on site in 1997 (page 16):

ON-SITE PROCESS SYSTEM 2
On-site process system type (page 16): M
Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M0098096284 9	M961	1	17000.0
Site 2		M		
Site 3		M		

Comments:
Sec I (H): The waste is solid paint waste with some residual solvent on top.

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SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent flammable methyl ethyl ketone from painting operations

B. EPA hazardous waste code (page 12): D001 D035 NA NA NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A29

G. Point of measurement (p. 14): 1

H. Form code (page 14): B203

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 4575.0

B. UOM (page 15): 1 — Density: ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M021

Quantity treated, disposed, or recycled on site in 1997 (page 16): 3100.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		
Site 2		M		
Site 3		M		

Comments:

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KSD073323081
SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent stripping solvent

B. EPA hazardous waste code (page 12): F012 0040 MA MA MA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A01

G. Point of measurement (p. 14): 1

H. Form code (page 14): B407

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 1600.0

B. UOM (page 15): 1 — Density: . — ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1
On-site process system type (page 16): M
Quantity treated, disposed, or recycled on site in 1997 (page 16):

ON-SITE PROCESS SYSTEM 2
On-site process system type (page 16): M
Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M OOO 980 962 849	M 061	1	1600.0
Site 2		M		
Site 3		M		

Comments:
Sec I (H): This is a ~~hodgmated~~ solid with residual ~~halogenated~~ solvent on top.

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SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent caustic cleaning solution

B. EPA hazardous waste code (page 12): D002, NA, NA, NA, NA, NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A03

G. Point of measurement (p. 14): 1

H. Form code (page 14): B110

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 400000.0

B. UOM (page 15): 1 — Density: . — ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 400000.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		.
Site 2		M		.
Site 3		M		.

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
KSD073323081
SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent acid pickling solution containing cadmium

B. EPA hazardous waste code (page 12): D006 D007 N/A N/A N/A

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A26

G. Point of measurement (p. 14): 1

H. Form code (page 14): B103

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 13500.0

B. UOM (page 15): 1 — Density: . — ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 13500.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		
Site 2		M		
Site 3		M		

Comments:

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AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent acidic regeneration solution containing cadmium

B. EPA hazardous waste code (page 12): D006 D002 MA NA VA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 5 System Type: M078

F. Source code (page 14): A75

G. Point of measurement (p. 14): 1

H. Form code (page 14): B103

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 385000.0

B. UOM (page 15): 1 Density: . ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 385000.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		
Site 2		M		
Site 3		M		

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
KSD073323081
SF KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent Alkaline Regeneration solution containing Chromium

B. EPA hazardous waste code (page 12): D007 D002 MA NA NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 5 System Type: M078

F. Source code (page 14): A75

G. Point of measurement (p. 14): 1

H. Form code (page 14): B106

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 55000.0

B. UOM (page 15): 1
Density .
□ 1 lbs/gal □ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
□ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 55000.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16): .

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
□ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		.
Site 2		M		.
Site 3		M		.

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
KSD073323081
SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent acidic chromium solutions from Anodizing processes

B. EPA hazardous waste code (page 12): D002 D007 NA NA NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A29

G. Point of measurement (p. 14): 1

H. Form code (page 14): B1013

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 43509.0

B. UOM (page 15): 1 — Density: . — ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 13500.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16): .

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	PA0 087 561 015	M01	1	30000.0
Site 2		M		.
Site 3		M		.

Comments:
Sec 1 (F): Anodizing of aluminum

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1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): process Rinse waters containing Cadmium and Chromium

B. EPA hazardous waste code (page 12): D006, D007, D002, NA, NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type:

F. Source code (page 14): A29

G. Point of measurement (p. 14): 1

H. Form code (page 14): B114

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 215850000.0

B. UOM (page 15): 1 — Density: . — □ 1 lbs/gal □ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
□ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 215850000.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
□ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		.
Site 2		M		.
Site 3		M		.

Comments:
Sec 1 (F): source is electroplating (122) and anodizing.

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AIR CAPITOL PLATING INC
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EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): waste solid from treatment of Cadmium and Chromium containing wastes.

B. EPA hazardous waste code (page 12): D002 D006 D007 F006 NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 5 System Type: M125

F. Source code (page 14): A71

G. Point of measurement (p. 14): 1

H. Form code (page 14): B306

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 75600.0

B. UOM (page 15): 1 Density: . ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1
On-site process system type (page 16): M
Quantity treated, disposed, or recycled on site in 1997 (page 16): .

ON-SITE PROCESS SYSTEM 2
On-site process system type (page 16): M
Quantity treated, disposed, or recycled on site in 1997 (page 16): .

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M0109809628 49	M132	1	75606.0
Site 2		M		.
Site 3		M		.

Comments:
Sec I (E): system types are {M071, M072, M077}

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SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent caustic stripping solution containing Copper and cyanide

B. EPA hazardous waste code (page 12): P106 | N/A | N/A | N/A | N/A

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A01

G. Point of measurement (p. 14): 1

H. Form code (page 14): B107

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 20000.0

B. UOM (page 15): 1
Density: . — ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☒ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M135

Quantity treated, disposed, or recycled on site in 1997 (page 16): 20000.0

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16): .

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☐ 1 Yes (CONTINUE TO BOX B) ☒ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1		M		.
Site 2		M		.
Site 3		M		.

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:
KSD073323081
SI KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): waste filters from painting operations containing chrome and lead.

B. EPA hazardous waste code (page 12): D007, D008, MA, MA, MA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): 1 — System Type: M

F. Source code (page 14): A21

G. Point of measurement (p. 14): 1

H. Form code (page 14): B409

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 120800.0

B. UOM (page 15): 1 — Density: ☐ 1 lbs/gal ☐ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16):

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	MO 980 962 849	M132	1	120800.0
Site 2		M		
Site 3		M		

Comments:
Sec I (H): solid waste paint filters

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AIR CAPITOL PLATING INC
1702 S KNIGHT
EF WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I

A. Waste description (page 12): Spent Solvent from paint stripping

B. EPA hazardous waste code (page 12): F002 | NA | NA | NA | NA | NA

C. State hazardous waste code (page 13):

D. SIC code (page 13): 3471

E. Origin code (page 13): / System Type: M

F. Source code (page 14): A01

G. Point of measurement (p. 14): /

H. Form code (page 14): B202

I. RCRA-radioactive mixed (page 14):

Sec. II

A. Quantity generated in 1997 (page 15): 8090

B. UOM (page 15): / Density: . □ 1 lbs/gal □ 2 sg

C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)
□ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16): .

ON-SITE PROCESS SYSTEM 2

On-site process system type (page 16): M

Quantity treated, disposed, or recycled on site in 1997 (page 16): .

Sec. III

A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17)
☒ 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE)

	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1997 (page 17)
Site 1	M010 9810 9612 8419	M061	/	5090
Site 2		M		.
Site 3		M		.

Comments:

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KEITH DIAL
AIR CAPITOL PLATING INC
1702 S KNIGHT
WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

FORM OI

OFF-SITE IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1
A. EPA ID No. of off-site installation or transporter: MOD 980 962 849
B. Name of off-site installation or transporter: Essex Waste Management
C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR facility
D. Address of off-site installation
Street: 1483 S.W 58 Highway
City: Kingsville State: MO
Zip: 64061 -

Site 2
A. EPA ID No. of off-site installation or transporter: PAD 087 561 015
B. Name of off-site installation or transporter: Inmetco
C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☒ TSDR facility
D. Address of off-site installation
Street: P.O. Box 720 245 Petersville Road
City: Ellwood City State: PA
Zip: 16117 -

Site 3
A. EPA ID No. of off-site installation or transporter: INT 190 010 3917
B. Name of off-site installation or transporter: Metropolitan Environmental Inc.
C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☒ Transporter ☐ TSDR facility
D. Address of off-site installation
Street: P.O. Box 378
City: Celina State: OH
Zip: 45822 -

Site 4
A. EPA ID No. of off-site installation or transporter:
B. Name of off-site installation or transporter:
C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☐ TSDR facility
D. Address of off-site installation
Street:
City: State:
Zip: -

Site 5
A. EPA ID No. of off-site installation or transporter:
B. Name of off-site installation or transporter:
C. Handler type (CHECK ALL THAT APPLY): ☐ Generator ☐ Transporter ☐ TSDR facility
D. Address of off-site installation
Street:
City: State:
Zip: -

Comments:

SITE NAME:
KSD073323081
KEITH DIAL
AIR CAPITOL PLATING INC
EI 1702 S KNIGHT
WICHITA, KS 67213

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

1997 Hazardous Waste Report

MONITORING FEES

FORM MF

WHO MUST COMPLETE THIS FORM?	Every "EPA generator" must complete this form.
INSTRUCTIONS:	Kansas Administrative Regulation 28-31-10(g) requires that hazardous waste generators of regulated quantities pay an annual monitoring fee for the total quantity of hazardous waste generated during each calendar year. This form should be submitted before March 1, 1998. Please return this form along with a check made payable to: "Kansas Department of Health and Environment" for the quantity of waste subject to the monitoring fee.
EXEMPTION:	Hazardous which waste was reclaimed onsite to recover substantial amounts of either energy or materials. However, monitoring fees shall be paid on any hazardous waste residues produced during reclamation.

Sec. I FEE CALCULATIONS

All quantities must be calculated in tons (1 ton = 2,000 pounds). If the density of the liquid is unknown, use a conversion factor of 1 gallon = 8 pounds.

A.	Enter the total quantity of hazardous waste generated in 1997.	11,013 tons
B.	Enter the total quantity of hazardous waste generated for which you can claim an exemption. (See directions above)	10,896 tons
C.	Total quantity of hazardous waste generated in 1997 which is subject to monitoring fee [subtract (B.) amount from (A.) amount to get (C.)]. If this quantity is zero do not submit any fees. Use this figure to determine the fee payment below.	117. tons

Sec. II FEE PAYMENT

Use the above figure from (C.) to determine the monitoring fee payment for the hazardous waste generated in 1997.

A.

Total Quantity Generated in 1996	Amount
Less than or equal to 5 tons	$100
Greater than 5 tons but less than or equal to 50 tons	$500
Greater than 50 tons but less than or equal to 500 tons	$1,000
Greater than 500 tons	$5,000
TOTAL MONITORING FEE ENCLOSED (ACCORDING TO ABOVE TABLE)	$ 1000

B. **Please attach copies of all manifests for hazardous waste shipments made during 1997.**

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.

PRE-[02331][01]

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
~~314~~ 573-751-3176

22764

EMERGENCY RESPONSE
U.S. COAST GUARD
1 800 424 8802
CHEM TREC
1 800 424 9300
DEPT. OF NATURAL RESOURCE
~~314~~ 573-634-2436

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires ~~3-30-96~~ 99

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. KSD073323081	Manifest Document No. 97001	2. Page 01 of 02	Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number: 0281561 [redacted] 7091

B. (Gen. Site Address)

5. Transporter 1 Company Name: Essex Waste Management — 6. US EPA ID Number: MOD980962849

C. ... 1949 913648 M

D. ... 816-732-5561

7. Transporter 2 Company Name: — 8. US EPA ID Number:

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number: MOD980962849

G. MO 40037/RR-0257

H. Facility's Phone (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S., 9, NA3082, PG III, (METHYLENE CHLORIDE, FORMIC ACID), RQ=100 LBS. Approval Number [95-04425]	001	DF	00500	P	EPA WASTE CODE F002; STATE NONE
b. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CADMIUM), RQ=10 LBS. Approval Number [95-03085]	000	BA	00000	P	EPA WASTE CODE D006; STATE NONE
c. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM), RQ=10 LBS. Approval Number [95-03084]	000	BA	00000	P	EPA WASTE CODE D007; STATE NONE
d. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=1 LBS. Approval Number [95-03259]	004	BA	06400	P	EPA WASTE CODE D007; STATE NONE

[redacted]

FACILITY USE ONLY — FINAL — COMMENTS

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG'S & LDR ATTACHED. ERG-A,B,C,D)171
AFTER PICKUP FAX A SIGNED MANIFEST COPY TO 816-732-6200. ATTN: KRISTEL

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name	Signature	Month	Day	Year
Curt Howell	Curt Howell	01	16	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Robort Eagleson	Robt Eag	01	16	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
GERRY E CARROLL	Gerry E. Carroll	01	16	97

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

MISSOURI DNR FINAL COPY, PART 1
FACILITY MUST SEND TO GENERATOR ...

RUCTIONS FOR THE COM-
TION OF THIS FORM ARE ON A
ARATE SHEET.
DOCUMENT MUST BE USED FOR
MISSOURI-DESTINED SHIPMENTS.
PRE-[02331]102]

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
314-751-3176

22764

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEM TREC
1-800-424-9300
DEPT. OF NATURAL RESOURCES
314-634-2436

HAZARDOUS WASTE MANIFEST

Form Approved OMB No 2050 0039, Expires 9-30-97

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 9 7 0 0 1

2. Page 1 of 1 — Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

5. Transporter 1 Company Name
Essex Waste Monagrement

6. US EPA ID Number
M O D 9 8 0 9 6 2 8 4 9

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number
M O D 9 8 0 9 6 2 8 4 9

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	
a. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	0 0 4	B A	0 6 4 0 0	P	EPA WASTE CODE D 0 0 6 / STATE N D N E
b.					EPA WASTE CODE / STATE
c.					EPA WASTE CODE / STATE
d.					EPA WASTE CODE / STATE

FOR FACILITY USE ONLY — COMMENTS: Treatment

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG & LDR ATTACHED. ERG-A)171
AFTER PICKUP FAX A SIGNED MANIFEST COPY TO 816-732-6200. ATTN: KRISTEL

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

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Printed/Typed Name: Curt Howell — Signature: Curt Howell — Month 01 Day 16 Year 97 — Date

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Robert Eagleson — Signature: Robert Eagleson — Month 01 Day 16 Year 97 — Date

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year — Date

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Geary E Carroll — Signature: Geary E Carroll — Month 01 Day 16 Year 97 — Date

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

MISSOURI DNR FINAL COPY - PART 1

IF DESIGNATED

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS.

PRE [0245] [61]

MISSOURI DEPARTMENT OF NATURAL RESOURCES
Division of Environmental Quality
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
~~314~~ 573-751-3176

23320

EMERGENCY RESPONSE
U.S. COAST GUARD
1-800-424-8802
CHEM TREC
1-800-424-9300
DEPT. OF NATURAL RESOURCES
314-634-2436

HAZARDOUS WASTE MANIFEST

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1	Manifest Document No. 47062	2. Page 1 of 1 — Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 01092

5. Transporter 1 Company Name: Essex Waste Management Inc. — 6. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9 — (816) 732-5561

7. Transporter 2 Company Name: — 8. US EPA ID Number:

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9 — (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	007	BA	14,000	P	EPA WASTE CODE D007; STATE N.E
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	001	BA	02,000	P	EPA WASTE CODE D006; STATE N.E
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above — K. Handling Codes (Facility Use Only) — Final — Comments: TRS0 ... Treatment

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC:800-424-9300. IF UNDELIVERABLE
CONTACT GENERATOR. ERG-A & B)171 & LDR ATTACHED.
AFTER PICKUP FAX A SIGNED MANIFEST COPY TO 816-732-6200. ATTN:KRISTEL

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

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Printed/Typed Name	Signature	Month	Day	Year
William Vance Jr	William Vance Jr	02	24	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Ralph E. Hayes Jr on Behalf Essex	Ralph E Hayes Jr on behalf of Essex	02	24	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Gerry E. Carroll	Gerry E. Carroll	02	25	97

EPA Form 8700-22 (Rev. 8-91) MDNR-HWG 10

MISSOURI ONE FINAL COPY - PART 1 — THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED FACILITY

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

PRE-[02576][01]

23758

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS. INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET.

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: KSD073323081
Manifest Document No.: 97003
2. Page 01 of 01

Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number: 028161 [redacted] 0003

B. G.S.I. (Gen. Site Address): SAME

5. Transporter 1 Company Name: Essex Waste Management Inc.
6. US EPA ID Number: MOD980962849

C. MO. Trans. ID: H-1949 913-648-1110
D. Transporter's Phone: (816) 732-5561

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. MO. Trans. ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number: MOD980962849

G. State Facility's ID: 004037/RR-0257
H. Facility's Phone: (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	004	BA	06400	P	EPA WASTE CODE D007; STATE NONE
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	002	BA	03200	P	EPA WASTE CODE D006; STATE NONE
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above

	K. Handling Code (Facility Use Only) Interim	Final	Comments
a. D008, F006 Baked Paint Filters ...	S01	T03	
b. D007 ...	S01	T04	Treatment
c.			
d.			

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC:800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG-A & B)171 & LDR ATTACHED. AFTER PICKUP FAX A SIGNED MANIFEST COPY TO KRISTEL AT 816-732-6200. TR/HB5 913-648-1110

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
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Printed/Typed Name	Signature	Month	Day	Year
Curt Howell	Curt Howell	04	07	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Ralph E. Hayes Jr on Behalf of Essex	Ralph E. Hayes Jr on Behalf of Essex	04	07	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Cecil Bloss for Essex	Cecil Bloss for Essex	04	08	97

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10
PREVIOUS EDITIONS ARE OBSOLETE

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

PRE-[02720][01]

24523

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEMTREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 99004

2. Page 1 of 1 — Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213
4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 0 0 0 4

B. G.S.I. (Gen. Site Address) SAME

5. Transporter 1 Company Name: Essex Waste Management Inc.
6. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9
C. MO. Trans. ID H-1949 (913-648-MO)
D. Transporter's Phone (816) 732-5561

7. Transporter 2 Company Name
8. US EPA ID Number
E. MO. Trans. ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061
10. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9
G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7
H. Facility's Phone (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE CHROMIC ACID SOLUTION, 8, UN1755, PG II, RQ=10 LBS. Approval Number [97-00936]	019	DF	09,500	P	EPA WASTE CODE D002 STATE NONE
b. HAZARDOUS WASTE SOLID, NOS, 9, NA3077, PG II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	004	BA	06,400	P	EPA WASTE CODE D006 STATE NONE
c. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PG III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	007	BA	1,200	P	EPA WASTE CODE D007 STATE NONE
d.					EPA WASTE CODE / STATE

J. Additional Descriptions for Materials Listed Above	K. HANDLING CODE (FACILITY USE ONLY) INTERIM	FINAL	COMMENTS
a. D002	510 1	T04	Treatment
b. D007	510 1	T04	Treatment
c. D008, F006	510 1	T03	
d.			

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE TRUCK CONTACT GENERATOR. ERG-A)154 B)171 C)171 & LDR ATTACHED. AFTER PICKUP FAX A SIGNED MANIFEST COPY. TO KRISTEL AT 816-732-6200. (96-648MO)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
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GENERATOR

Printed/Typed Name: Curt Howell — Signature: Curt Howell — Month 05 Day 13 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph E. Hayes Jr on Behalf of Essex — Signature: Ralph E. Hayes Jr on Behalf of Essex — Month 05 Day 13 Year 97 — Date

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year — Date

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Chris Stringer for Essex — Signature — Month 05 Day 13 Year 97 — Date

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

25211

PRE-[02816][01]

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U S COAST GUARD 1 800 424 8802	CHEM TREC 1 800 424 9300	DEPT OF NATURAL RESOURCES 573 634 2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 9 7 0 0 5
2. Page 01 of 01
Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213
4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 0 0 0 5
B. G.S.I. (Gen. Site Address) SAME

5. Transporter 1 Company Name: Essex Waste Management Inc.
6. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9
C. MO. Trans. ID H-1949 913-648 mo.
D. Transporter's Phone (816) 732-5561

7. Transporter 2 Company Name
8. US EPA ID Number
E. MO. Trans. ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061
10. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9
G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7
H. Facility's Phone (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	006	BA	09600	P	EPA WASTE CODE D007; STATE NONE
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	004	BA	08000	P	EPA WASTE CODE D006; STATE NONE
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above	K. Handling Code (Facility Use Only) Interim	Final	Comments
a. D008, F006 [illegible] (Baked Paint Hooks)	S01	T04	54-57 Treat
b. D007 [illegible]	S01	T04	60-63 Treat
c.			
d.			

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC:800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG-A & B)171 & LDR ATTACHED. AFTER PICKUP FAX A SIGNED MANIFEST COPY TO KATIE AT 816-732-6200.
TRI #85
913-648 mo.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
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Printed/Typed Name: Curt Howell — Signature: [signature] — Month 06 Day 20 Year 97

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph E Hayes Jr on Behalf/Essex — Signature: Ralph E. Hayes Jr on Behalf Essex — Month 06 Day 20 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Curt Howell C.H. JOE SPIES — Signature: [signature] — Month 06 Day 21 Year 97

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10 — PREVIOUS EDITIONS ARE OBSOLETE — CONTAINS 50% RECYCLED PAPER WHICH INCLUDES NOT LESS THAN 20% POST CONSUMER WASTE

TATE OF MISSOURI
EPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
PRE-[02986][01] P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

26155

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800 424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436

se print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039, Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 97016

2. Page 1 of 1 — Information in the shaded areas is required by State law.

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 0 0 0 6

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

B. G.S.I. (Gen. Site Address) SAME

5. Transporter 1 Company Name: Essex Waste Management Inc.

6. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9

C. MO. Trans. ID H-1949 (913-648-7101)

D. Transporter's Phone (816) 732-5561

7. Transporter 2 Company Name

8. US EPA ID Number

E. MO Trans. ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9

G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7

H. Facility's Phone (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259] (D007, D008)	X 12	BA CF	19,200	P	EPA WASTE CODE D 0 0 7; STATE N O N E
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007), RQ=10 LBS. (CADMIUM, CHROMIUM) Approval Number [96-04370]	X 1	BA CF	1,600	P	EPA WASTE CODE D 0 0 6; STATE N O N E
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above	K. HANDLING CODE (FACILITY USE ONLY) INTERIM	FINAL	COMMENTS
a. D008, F006 12X1 cubic Yards Supersacks #8-14, 16-20	S 0 1	T 0 3	
b. D007 1X1 cubic Yard Supersacks = #15	S 0 1	T 0 4	Treatment
c.			
d.			

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR.
ERG - (A 171 (B 171 C) D)
Tr1#85 913-648-7101

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: X ROBERT P. BAILEY — Signature: X [signature] — Month 08 Day 12 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph E. Hayes Jr on Behalf Essex — Signature: Ralph E. Hayes Jr On Behalf of Essex — Month 08 Day 12 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOE SOTES — Signature: [signature] — Month 08 Day 14 Year 97

PA Form 8700-22 (Rev. 8-91) MDNR-HWG 10 PREVIOUS EDITIONS ARE OBSOLETE

CONTAINS 50% RECYCLED PAPER WHICH INCLUDES NOT LESS THAN 20% POST CONSUMER WASTE

THIS COPY MUST BE SENT BACK TO THE GENERATOR BY THE DESIGNATED FACILITY

MISSOURI COPY

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

2U950

PRE-[03167][01]

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT OF NATURAL RESOURCES 573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: KSD073332091 — Manifest Document No.: 97007
2. Page 01 of 01

Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address:
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone: 316 943 0731

A. Missouri Manifest Document Number: 0128161 [redacted] 01017

B. G.S.I. (Gen. Site Address): SAME

5. Transporter 1 Company Name: Essex Waste Management Inc.
6. US EPA ID Number: MOD980962849

C. MO. Trans. ID: H 1949 (913-648-mo)
D. Transporter's Phone: (816) 732-5561

7. Transporter 2 Company Name:
8. US EPA ID Number:

E. MO. Trans. ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address:
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number: MOD980962849

G. State Facility's ID: 004037/RR-0257
H. Facility's Phone: (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	010	BA	16,000	P	EPA WASTE CODE D007; STATE NONE
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007), RQ=10 LBS. Approval Number [96-04370]	004	BA	8,000	P	EPA WASTE CODE D006; STATE NONE
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Code (Facility Use Only)	Interim	Final	Comments
a.	S01	T03	
b.			
c.			
d.			

15. Special Handling Instructions and Additional Information

In case of emergency contact Chemtrec: 1-800-424-9300. If unable to deliver contact generator.
ERG-A)171 B)171 & LDR attached

TC 1st 85 (913-648-mo)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

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Printed/Typed Name	Signature	Month	Day	Year
ROBERT P. BAILEY	Robert Paul Bailey	09	23	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Ralph E. Hayes Jr on Behalf/Essex	Ralph E. Hayes Jr on Behalf/Essex	09	23	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Chris Stringer FOR Essex	Chris St	09	24	97

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10

PREVIOUS EDITIONS ARE OBSOLETE

CONTAINS 50% RECYCLED PAPER WHICH INCLUDES NOT LESS THAN 20% POST CONSUMER WASTE.

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

PRE-[03304][01]

27478

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 9 7 0 0 8
2. Page 01 of 01
Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 0 0 0 8

B. G.S.I. (Gen. Site Address) SAME

5. Transporter 1 Company Name: Essex WASTE MgmT. SRVCS. INC.
6. US EPA ID Number: MOD980962849
C. MO. Trans. ID: H-1949-(913-648-MO)
D. Transporter's Phone: 816-732-5561

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. MO. Trans. ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9

G. State Facility's ID: 0 0 4 0 3 7 / R R - 0 2 5 7

H. Facility's Phone: (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	008	BA	08,000	P	EPA WASTE CODE D 0 0 7; STATE N O N E
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, D006, D007), RQ=10 LBS. Approval Number [96-04370]	006	BA	12,000	P	EPA WASTE CODE D 0 0 6; STATE N O N E
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Codes (Facility Use Only)

		Interim	Final	Comments
a. D008, F006 [illegible]		S 0 1	T 0 3	
b. D007 [illegible] F006		S 0 1	T 0 4	Treatment
c.				
d.				

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR. AFTER PICKUP FAX A SIGNED COPY OF MANIFEST TO KATIE AT 1-816-732-6200. ERG-A)171 B)171 & LDR ATTACHED.
TR1 #85 (913-648-MO)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: ROBERT P. BAILEY — Signature: [signature] — Month Day Year: 1 0 2 2 9 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph E. Hayes Jr ON Behalf/Essex — Signature: Ralph E Hayes Jr on Behalf of Essex — Date Month Day Year: 1 0 2 2 9 7

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Date Month Day Year:

FACILITY

19. Discrepancy Indication Space
13.a: TOTAL QUANTITY Should READ 07064.
13.b: TOTAL QUANTITY Should READ 05298.
CORRECTIONS made per JEFF Ubben.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Chris Stringer FOR ESSEX — Signature: [signature] — Date Month Day Year: 1 0 2 2 9 7

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10

PREVIOUS EDITIONS ARE OBSOLETE

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
Bureau of Waste Management
P.O. Box 8550
Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

2R-WM-61 REV. 10/94

Form approved
OMB No. 2050-0039
Expires 9-30-96

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: KSD073323308
Manifest Document No.: 197009
2. Page 1 of 1

Information within the blue border is not required by Federal law but may be required by State law.

A. State Manifest Document Number: PAE 5191270

3. Generator's Name and Mailing Address:
AER CAPITOL PLATING, INC
1702 SOUTH KNIGHT
WICHITA, KS 67213
(316) 943-0731

B. State Gen. ID:

5. Transporter 1 Company Name: METROPOLITAN ENVIRONMENTAL Inc
6. US EPA ID Number: INT190010397
C. State Trans. ID: PA-AH
D. Transporter's Phone: (419) 536-6628

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Trans. ID: PA-AH
F. Transporter's Phone: ~~(814) 332-6848~~

9. Designated Facility Name and Site Address:
INMETCO
ROUTE 488
ELLWOOD CITY, PA 16117

10. US EPA ID Number: PAD087561015
G. State Facility's ID:
H. Facility's Phone: (814) 332-6848

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE LIQUID, N.O.S., 9, NA3082, PG III, (CHROMIUM) RQ: D007.	001	TT	3000	G	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above (Lab Pack / Physical State): a. b. c. d.

K. Handling Codes for Wastes Listed Above: a. b. c. d.

15. Special Handling Instructions and Additional Information:
EMERGENCY RESPONSE GUIDE # 171
INMETCO SALES ORDER # 104683
INMETCO PROFILE # PS2119
24-HOUR EMERGENCY CONTACT PHONE # (316) 257-2282

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name	Signature	Month	Day	Year
Curtis B. Hull	[signature]	10	30	97

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Darrell Findlesey	[signature]	10	30	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

19. Discrepancy Indication Space:
34260#
NO PA AH # in Section C
PA AH 0346

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Jodi Hill	[signature] INMETCO	11	03	97

PA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

1

Copy 1 - TSD Facility: Mail to Destination State

STATE OF MISSOURI

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

PRE-[03477][02]

28196

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI-DESTINED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT. OF NATURAL RESOURCES 573-634-2436

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. KSD073323081	Manifest Document No. 97009	2. Page 02 of 02 — Information in the shaded areas is required by State law.
3. Generator's Name and Mailing Address: Air Capitol Plating, 1702 S Knight, Wichita, KS 67213			A. Missouri Manifest Document Number: 0281161 [redacted] 0009
4. Generator's Phone (316) 943-0731			B. G.S.I. (Gen. Site Address): SAME
5. Transporter 1 Company Name: Essex Waste Management Inc.	6. US EPA ID Number: MOD980962849		C. MO. Trans. ID: H-1949 (913-648-MO)
			D. Transporter's Phone: (816) 732-5561
7. Transporter 2 Company Name:	8. US EPA ID Number:		E. MO. Trans. ID:
			F. Transporter's Phone:
9. Designated Facility Name and Site Address: Essex Waste Management Inc., 1483 SW 58 Highway, Kingsville, MO 64061	10. US EPA ID Number: MOD980962849		G. State Facility's ID: 004037/RR-0257
			H. Facility's Phone: (816) 732-5561

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. WASTE FLAMMABLE SOLID, ORGANIC, N.O.S., 4.1, UN1325, PG III, (LEAD, CHROME) RQ=10 LBS. Approval Number [97-04029]	000	00	00000	0	EPA WASTE CODE D1011; STATE NONE
b. HAZARDOUS WASTE LIQUID, N.O.S., 9, NA3082, III, (D040, F001) RQ = 100 LBS. 97-04030	002	DM	00700	P	EPA WASTE CODE D040; STATE NONE
c.					EPA WASTE CODE; STATE
d.					EPA WASTE CODE; STATE

J. Additional Descriptions for Materials Listed Above	K. Handling Code (Facility Use Only) Interim	Final	Comments
a. [illegible]	a.		
b. [illegible]	b. S01	T04	Treatment
c. [illegible]	c.		
d. [illegible]	d.		

15. Special Handling Instructions and Additional Information

IN CASE OF EMERGENCY CONTACT CHEMTREC:1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR. AFTER PICKUP FAX A SIGNED COPY OF MANIFEST TO KATIE AT 1-816-732-6200. ERG-A)133 & LDR ATTACHED. Essex Trailer 85 (913-648-MO)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.

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Printed/Typed Name	Signature	Month	Day	Year
David C. Duke	[signature]	11	20	97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year
Ralph E Hayes Jr on Behalf/Essex	[signature] on Behalf Essex	12	01	97

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Month	Day	Year

FACILITY

19. Discrepancy Indication Space

MANIFEST DOCUMENT NUMBER should READ 97010 PER CAPT Howell.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month	Day	Year
Chris Stringer FOR ESSEX	[signature] FOR ESSEX	11	20	97

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10 PREVIOUS EDITIONS ARE OBSOLETE

CONTAINS 50% RECYCLED PAPER WHICH INCLUDES NOT LESS THAN 20% POST CONSUMER WASTE

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

PRE-[03477][01]

HAZARDOUS WASTE MANIFEST

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INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1-800-424-8802	CHEM TREC 1-800-424-9300	DEPT OF NATURAL RESOURCES 573-634-2436

Form Approved OMB No 2050-0039. Expires 9-30-99

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 97009

2. Page 1 of 2 — Information in the shaded areas is required by State law.

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 0 0 0 9

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213

4. Generator's Phone (316) 943-0731

B. G.S.I. (Gen. Site Address) SAME (913-648-1110)

C. MO. Trans. ID H-1949

D. Transporter's Phone (816) 732-5561

5. Transporter 1 Company Name
Essex Waste Management Inc.

6. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9

E. MO. Trans. ID

7. Transporter 2 Company Name

8. US EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061

10. US EPA ID Number M O D 9 8 0 9 6 2 8 4 9

G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7

H. Facility's Phone (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD) RQ=10 LBS. Approval Number [95-03259]	14	BA	21,000	P	EPA WASTE CODE D007 STATE NONE
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (D006, D007) RQ=10 LBS. Approval Number [96-04370]	001	BA	16,000	P	EPA WASTE CODE D006 STATE NONE
c. HAZARDOUS WASTE, LIQUID, N.O.S., 9, NA3082, III, (D040, F001) RQ=100 LBS. Approval Number [97-04030]	001	DF	2,300	P	EPA WASTE CODE D040 STATE NONE
d. WASTE PAINT RELATED MATERIAL, 3, UN1263, PG III, RQ=100 LBS. Approval Number [97-04028]	001	DM	0400	P	EPA WASTE CODE D001 STATE NONE

J. Additional Descriptions for Materials Listed Above

	K. Handling Codes (Facility Use Only) Interim	Final	Comments
a. D008 [redacted]	501	T03	
b. D00[redacted]	501	T04	Treatment
c. [redacted]	501	T04	Treatment
d. D00[redacted]	501	T50	

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 1-800-424-9300. IF UNABLE TO DELIVER CONTACT GENERATOR. AFTER PICKUP FAX A SIGNED COPY OF MANIFEST TO KATIE AT 1-816-732-6200. ERG-A)171 B)171 C)171 D)127 & LDR ATTACHED.
Essex Tel # is (913-648-1110)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
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Printed/Typed Name: DAVID C. DUKE — Signature — Month 12 Day 01 Year 97

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph E. Hayes Jr on Behalf Essex — Signature: Ralph E Hayes Jr on Behalf Essex — Month 12 Day 01 Year 97

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space
11.d: DOT Description should read RQ, Waste Paint, 3, UN1263, PG III with Approval Number 97-03866 per Curt Howell.
MANIFEST Document Number should read 97010 per Curt Howell.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Chris Stringer FOR ESSEX — Signature: Chris Stringer FOR ESSEX — Month 12 Day 01 Year 97

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 8 — PREVIOUS EDITIONS ARE OBSOLETE

CONTAINS 50% RECYCLED PAPER WHICH INCLUDES NOT LESS THAN 20% POST CONSUMER WASTE

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
Hazardous Waste Program
P.O. Box 176 Jefferson City, Missouri 65102
573-751-3176

PRE-[03585][01]

28508

HAZARDOUS WASTE MANIFEST

THIS DOCUMENT MUST BE USED FOR ALL MISSOURI DESIGNATED SHIPMENTS
INSTRUCTIONS FOR THE COMPLETION OF THIS FORM ARE ON A SEPARATE SHEET

EMERGENCY RESPONSE	U.S. COAST GUARD 1 800 424 8802	CHEMTREC 1 800 424 9300	DEPT. OF NATURAL RESOURCES 573 751 3176

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No 2050-0039. Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. K S D 0 7 3 3 2 3 0 8 1 — Manifest Document No. 9 7 0 1 1

2. Page 1 of 1 — Information in the shaded areas is required by State law.

3. Generator's Name and Mailing Address
Air Capitol Plating
1702 S Knight
Wichita, KS 67213
4. Generator's Phone (316) 943-0731

A. Missouri Manifest Document Number 0 2 8 1 6 1 [redacted] 0 0 1 0

B. G.S.I. (Gen. Site Address) SAME

C. MO. Trans. ID H-1449 (913-648-1110)

D. Transporter's Phone 816-732-5561

5. Transporter 1 Company Name: ESSEX WASTE MGMT SERVS INC. — 6. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9

E. MO. Trans. ID

7. Transporter 2 Company Name — 6. US EPA ID Number

F. Transporter's Phone

9. Designated Facility Name and Site Address
Essex Waste Management Inc.
1483 SW 58 Highway
Kingsville, MO 64061
10. US EPA ID Number: M O D 9 8 0 9 6 2 8 4 9

G. State Facility's ID 0 0 4 0 3 7 / R R - 0 2 5 7

H. Facility's Phone (816) 732-5561

11. US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	12. Containers Number	Type	13. Total Quantity	14. Unit Wt/Vol.	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, III, (CHROMIUM, LEAD), RQ=10 LBS. Approval Number [95-03259]	0 0 6	B A	0 9 0 0 0	P	EPA WASTE CODE D 0 0 7 STATE N O N E
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, II, (~~D006, D007~~), RQ=10 LBS. (CADMIUM, CHROMIUM) Approval Number [96-04370]	0 0 6	B A	1 2 0 0 0	P	EPA WASTE CODE D 0 0 6 STATE N O N E
c. ~~RQ~~ WASTE PAINT ~~RELATED MATERIAL~~, 3, UN1263, PG III (CHROMIUM, LEAD), RQ=10 LBS. APPROVAL NUMBER 97-03866	0 6 3	D M	0 1 3 0 0	P	EPA WASTE CODE D 0 0 1 STATE N O N E
d.					EPA WASTE CODE STATE

	HANDLING CODE (FACILITY USE ONLY)		
	FINAL		COMMENTS
a.	D 0 7	T D 3	
b.	D 0 6	T D 4	Treatment
c.	D 0 1	T S D	
d.			

15. Special Handling Instructions and Additional Information
IN CASE OF EMERGENCY CONTACT CHEMTREC: 800-424-9300. IF UNDELIVERABLE CONTACT GENERATOR. ERG-A & B) 171 & LDR ATTACHED. C) 127 XCM
AFTER PICKUP FAX A SIGNED MANIFEST COPY TO KATIE AT 816-732-6200
24 HOUR EMERG. CONTACT # (316) 259-2282 Essex Tel # 800 (913-648-1110)

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and applicable state regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method available to me that I can afford.

Printed/Typed Name: Curtis B. Howell — Signature: Curtis B Howell — Month 1 2 — Day 1 8 — Year 9 7

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Ralph E. Hayes JR on Behalf Essex — Signature: Ralph E. Hayes JR on Behalf — Date: Month 1 2 — Day 1 8 — Year 9 7

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Date: Month — Day — Year

FACILITY

19. Discrepancy Indication Space

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: Ronald J Sewell Jr For Essex — Signature — Date: Month 1 2 — Day 1 8 — Year 9 7

EPA FORM 8700-22 (REV. 9-96) MDNR-HWG 10 — PREVIOUS EDITIONS ARE OBSOLETE

CONTAINS 50% RECYCLED PAPER WHICH INCLUDES NOT LESS THAN 20% POST CONSUMER WASTE

ATTACHMENT 2

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name: Air Capitol Plating	
Facility Address: 1702 S. Knight, Wichita, KS	
Inspector (print): Paul Beatty	
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115	Date 1/13/99

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. No statute specifically requires disclosure of the information.

3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

I have received this Notice and DO NOT want to make a claim of confidentiality at this time.	
Facility Representative Provided Notice (print): Curt Howell	Signature/Date: [signature] 1/13/99

I have received this Notice and DO want to make a claim of confidentiality.	
Facility Representative Provided Notice (print)	Signature/Date

Information for which confidential treatment is requested:

(Rev. 4 15/98)

ATTACHMENT 3

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name
Air Capitol Plating
Facility Address
1702 S. Knight, Wichita, KS

Documents Collected? YES X (list below) NO___

Samples Collected? YES___ (list below) NO X Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge X 2)Borrowed___ 3)Purchased___

Amount Paid: $_____ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

MSD Sheets - 27 pages
Bi-annual report for haz waste - 20 pages

Facility Representative (print)	Signature/Date	
Curt Howell		1/13/99
Inspector (print)	**Signature/Date**	
Paul Beatty		1/13/99
U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115		

(rev:1/20/93)

ATTACHMENT 4

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
PROCESS SUMMARY SHEET

Date: 1/13/99
Source Name: Air Capitol Plating
Source Address: 1702 Knight, Wichita, KS
Telephone #: 316/943-0731
Process: Finishing aircraft parts
Participants: See report

Inspector: Paul Beatty
Time In: 8:45am Time Out: 1:00pm
Temperature: 10°F Cloud Cover: partly
Wind Speed: 10-15 mph Direction: NW
AFS #: 20-173-00152
SIC #: 3471

EP#	EMISSION POINT/ SOURCE DESCRIPTION	DATE *	OPERATING (Y/N), CURRENT PROCESS RATE & SCHEDULE	RATED PROCESS RATE (& BASELINE)	CONTROL DEVICE(CD)	CD OPERATING PARAMETER (& BASELINE)	V.E. - % (&BASELINE)
	Cadmium Plating Cadmium/Titanium Plating Copper Plating Zinc Plating	-	yes	-	Scrubber	ok	0
	Chromium Anodizing	-	yes	1450 gallon tank	Packed bed scrubber	dP=1.3 "H2O vP=0.27 "H2O	0
	Vapor Degreasers (2)	-	#1 and #2 idling	TCE	Cover	ok	-
	Paint Stripping	-	no, are contracting out	-	none	-	-
	Paint Room #1 Booths 1,2,3,4	<94	All-yes 3 oven-steam	-	1-stage dry paper filters	1. 0.16 "H2O 2. 0.13 "H2O 3. 0.25 "H2O 4. 0.15 "H2O	0
	Paint Room #2 Booths 5,6,7	5/97	All-yes 2 ovens-steam	-	2-stage dry filters	5. 0.25 "H2O 6. 0.60 "H2O 7. 0.35 "H2O	0
	Paint Room #3 Booths 8,9,10	6/98	8,10-yes 2 ovens-steam	-	3-stage dry filters	8. 0.4 "H2O 9. -- "H2O 10. 0.5 "H2O	0
	Burn-off Oven	3/94	no	Natural gas	none	-	-
	Passivant Line	-	yes	-	Scrubber	ok	0
	Boilers (2)	-	#1 repair #2 yes	Natural gas	none	-	0
	Distillation	-	yes	MEK TCE	none	-	0
	Shotpeening & Sandblasting	-	no	-	self-contained	-	-
	Aluminum Line #1	-	yes	-	Scrubber	ok	0

* Specify event (construction contract/start, install, startup, modification, etc) and date, relevant to applicable regulation.
NOTE: Record specific pollutant information on Emission Evaluation Sheet
PSS6PORT:(rev:2/24/98)

ATTACHMENT 5

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
EMISSION EVALUATION SHEET

Date: 1/13/99

Source Name: Air Capitol Plating Inspector: Paul Beatty

EMISSION POINT/ SOURCE DESCRIPTION	REGULATION/ PERMIT * (TYPE/DATE)	REGULATED POLLUTANT	*	EMISSION LIMIT or REQUIREMENT	BASELINE EMISSION PARAMETERS	CURRENT EMISSION RATE / REQUIREMENT	**	COMPLIANCE METHOD	COMPLIANCE DETERMINED- INIT.& LAST	CURRENT ENFORCE. ACTIVITY
All Visible Emissions	KAR 28-19-50(B)	VE		20% opacity	-	<20 % opacity		RM9	current	none
Cleaning	40 CFR 63, Subpart GG	HAP		Table 1 or keep in closed container	MEK	Keep in closed containers		Inspect	current	none
Hand-wipe Cleaning				1. Since using MEK, use 60% solvent reduction. 2. Monthly usage records.	MEK	1. No 60% reduction. 2. No exact records		Records	current	none
Spray Gun Cleaning				1. Atomized cleaning w/capture	MEK	1. No emissions capture		Equipment	current	none
Primer/Topcoat				1. HVLP 2. Uncontrolled coatings <350/420 g/l 3. Monthly emission record 4. 2/3-stage filters 5. Usage/spec records 6. Pressure drop measure 7. Pressure drop records		1. Not all HVLP 2.>350/420 g/l, w/no control 3. NO 4. NO 5. Yes 6. Yes 7. NO		1. Equipment 2. Records 3. Records 4. Equipment 5. Records 6. Inspect 7. Records	current	none
Depainting/maskant				not applicable						
Notifications				Initial notification		NO		Not. or T5		none
Paint Booths 8,9,10	Construction Permit	HAP/VOC		Various, similar to GG						
Chromium Anodizing		Chrome		Testing 0.01 mg/dscm	dP=1.05"H2O VP=0.285"H2O	0.00034 mg/dscm dP=1.3 "H2O VP=0.27 "H2O		test	7/29-8/1/97	no
				RECORDKEEPING: 1. Tank operating time 2. O & M Plan 3. Inspection/Maintenance		1.NO 2.yes 3.yes		records	current	no
Degreasing	40 CFR 63, Subpart T	HAP		Notifications		yes		records	current	no
				Freeboard Refrigeration	<57°F	51/48°F		testing records	current	no
				Freeboard Ratio > 1.0		2.28		test, records	current	no
				Hoist Speed < 11 fpm		<9.4/9.5 fpm		test, records	current	no
				Reduced draft < 50 fpm		<48/45 fpm		test, records	current	no

* Complete Applicability Checklist(APC) and write the APPLICABILITY CHECKLIST ATTACHMENT I.D. number in column.

** Write the SUPPORTING DOCUMENT ATTACHMENT I.D. number in column.

EES2: (rev:2/24/98)

ATTACHMENT 6

1730152

May 29, 1998

Cathy Watson
KDHE
Bureau of Air and Radiation
Building 283, Forbes Field
Topeka, Kansas 66620-0001

Dear Ms. Watson,

Enclosed is the completed 1997 Kansas Air Emissions Inventory Report for Air Capitol Plating, Inc. Also enclosed is a check for $ 637.00 for the emission fee.

If you have any questions about the report, please don't hesitate to call me at (316) 943-0731.

Sincerely,

Curtis Howell

Curtis Howell
Air Capitol Plating, Inc.

Kansas Department of Health and Environment
1997 EMISSIONS INVENTORY June

Coded 9/11/97

1. Source Information

Source I.D. Number 1730152

Source Name: AIR CAPITOL PLATING, INC.			
Source Street Address: 1702 SOUTH KNIGHT			
City: WICHITA		State: KS	Zip: 67213
Source Mailing Address: 1702 S. KNIGHT			
City: WICHITA		State: KS	Zip: 67213
Standard Industrial Classification (SIC) Code:	3471		

2. Contact Person (fees)

(Address may be left blank if same as listed in item 1.)

Name: KEITH DIAL			
Company Name:			
Mailing Address:			
City:		State:	Zip:
Telephone #:	FAX #:		
E-mail:			

3. Contact Person (emissions inventory)

(If different from individual listed in item 2.)

Name: CURTIS HOWELL			
Company Name: AIR CAPITOL PLATING, INC.			
Mailing Address: 1702 S. KNIGHT			
City: WICHITA		State: KS	Zip: 67213
Telephone: (316) 943-0731	FAX: (316) 943-1028		
E-mail:			

4. Mailing address for fee forms and correspondence:

Please send correspondence to address indicated below:
(Indicate address which is listed on page 1 or list a different address)

Use address listed in item 1	X
Use address listed in item 2	
Use address listed in item 3	

(Use name and address listed below:)
If address listed on item 1 is incorrect, please list correct information here.

Name:		
Company Name:		
Mailing Address:		
City:	State:	Zip:
Telephone:	FAX:	
E-mail:		

This completed form shall be signed by a responsible official or the person most directly responsible for the compilation of the submitted information.

I hereby certify that I am familiar with and have personally examined the information and statements contained in these documents to be true, accurate and complete. I am aware that knowingly making a false statement or misrepresenting the facts presented in these documents is a violation of state law.

I understand that emissions inventory information is being provided to the EPA and that any non-confidential information may be made available, through EPA, to the public via the Internet or other electronic means.

Name of person completing form: CURTIS HOWELL	
Title: Compliance manager.	
Telephone: (316) 943-0731	
Signature: Curtis Howell	Date: 5-29-98

Fully complete this form and worksheets used in the 1997 calendar year emissions inventory and fee calculation with the annual emissions fee payment and return by June 1, 1998 to:

Kansas Department of Health and Environment
Bureau of Air and Radiation
Bldg. 283, Forbes Field
Topeka, Kansas 66620-0001
Attn: Cathy Watson

If you have any questions, contact Barb Bangert at (785) 296-1582 or Andy Hawkins at (785) 296-6429.

KDHE AQ Worksheet 1 **Source I.D. Number 1730152**

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
1	INDUSTRIAL EXTERNAL COMBUSTION BOILER (KEWANEE SCOTCH BOILER; NATURAL GAS) - MODEL # HM885, SERIAL # 20278, 10 MM BTU/HR
[redacted]	INDUSTRIAL EXTERNAL COMBUSTION BOILER (AZTEC UNIT BURNER; NATURAL GAS) - MODEL # 5-5-1024, SERIAL # 13396, 10 MM BTU/HR

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
10200602	01	23.2	MILLION CUBIC FEET OF NATURAL GAS BURNED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Source I.D. Number 1730152

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	1
SCC ID Number	01

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of p for NOx, VOC, PM_{10}, SOx, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, cop uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. M 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
NOx	**AP-42**	**140**	**23.2**	**3248**	**1.6**	**1**	**1.6**
VOC	**AP-42**	**2.8**	**23.2**	**65**	**.03**	**1**	**.03**
PM_{10}	**AP-42**	**3.0**	**23.2**	**70**	**.03**	**1**	**.03**
SOx	**AP-42**	**.6**	**23.2**	**14**	**.007**	**1**	**.007**
TSP	**-**	**-**	**-**	**-**	**-**	**-**	**-**
CO	**AP-42**	**35**	**23.2**	**812**	**.4**	**1**	**.4**

Transfer the total NOx, VOC, PM_{10}, SOx, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Please make sure each emission factor is given **lbs. per unit of measurement

KDHE AQ Worksheet 1

Source I.D. Number 1730152

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
2	ORGANIC SOLVENT EVAPORATION - OPEN TOP VAPOR DEGREASING; TRICHLOROETHYLENE

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
40100205	01	60,810	POUNDS OF TRICHLOROETHYLENE USED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Source I.D. Number 1730152

Material Balance Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number from Worksheet 1.

ID Number:	**2**
SCC ID Number(s)	**01**

In the Criteria Pollutant box enter the criteria pollutant the calculation applies to. Enter the total quantity of potential pollutant which enters the process or operation in the box fo Q(added). Enter the total quantity of potential pollutant which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of the pollutant recov reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If overall control efficiency is zero, copy the uncontrolled emissions in tons to space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the unco emissions. The result should be entered in the space provided for estimated emissions.

Column A.	Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
Criteria Pollutant	**Q(added) (pounds)**	**Q(consumed) (pounds)**	**Q(recovered) (pounds)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1 - OE)**	**Estimated Emissions (tons)**
VOC	**60,810**	**0**	**975**	**59,835**	**30**	**1**	**30**

Transfer the total emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Source I.D. Number 1730152

Material Balance Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**2**
SCC ID Number	**01**

Calculate emissions for all HAPs, even if previously included in criteria pollutant emission calculation.

Enter the total quantity of HAPs which enters the process or operation in the box for Q(added). Enter the total quantity of poten HAPs which becomes an integral part of the produc in the box for Q(consumed). Enter the total quantity HAPs recovered for reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If t overall control efficiency is zero, copy the uncontrolled emissions in tons to the space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAP		**Q(added) (pounds)**	**Q(consumed) (pounds)**	**Q(recovered) (pounds)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
Name	**CAS#**							
TRICHLOROETHYLENE	**79016**	**60,810**	**0**	**975**	**59,835**	**30**	**1**	**30**

Transfer the total emissions, pollutant by pollutant to Worksheet 10, Columns 1-5, using the same identification number that was used on this worksheet.

KDHE AQ Worksheet 1

Source I.D. Number 1730152

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
3	SURFACE COATING OPERATIONS - SOLVENT BASE & PAINT THINNING OPERATIONS

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
40200101	01	36,046 1/4	18.023 POUNDS OF PAINT USED
40200918	02	13,166 1/23	POUNDS OF METHYL ETHYL KETONE USED (paint thinner)
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

0.58

Additional Processes should be listed on Worksheet 1a.

Source I.D. Number 1730152

Material Balance Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number from Worksheet 1.

ID Number:	**3**
SCC ID Number(s)	**01**

In the Criteria Pollutant box enter the criteria pollutant the calculation applies to. Enter the total quantity of potential pollutant which enters the process or operation in the box fo Q(added). Enter the total quantity of potential pollutant which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of the pollutant recov reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If overall control efficiency is zero, copy the uncontrolled emissions in tons to space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the unco emissions. The result should be entered in the space provided for estimated emissions.

Column A.	Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
Criteria Pollutant	**Q(added) (pounds)**	**Q(consumed) (pounds)**	**Q(recovered) (pounds)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1 - OE)**	**Estimated Emissions (tons)**
VOC	**23,532**	**0**	**0**	**23,532**	**12**	**1**	**12**

Transfer the total emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Source I.D. Number 1730152

Material Balance Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**3**
SCC ID Number	**01**

Calculate emissions for all HAPs, even if previously included in criteria pollutant emission calculation.

Enter the total quantity of HAPs which enters the process or operation in the box for Q(added). Enter the total quantity of potential HAPs which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of HAPs recovered for reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions in tons to the space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAP		**Q(added) (pounds)**	**Q(consumed) (pounds)**	**Q(recovered) (pounds)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
Name	**CAS#**							
METHYL ETHYL KETONE	78933	5152	0	0	5152	2.6	1	2.6
XYLENE	1330207	10,304	0	0	10,304	5.2	1	5.2
TOLUENE	108883	206	0	0	206	.1	1	.1
ETHYL BENZENE	100414	3434	0	0	3434	1.7	1	1.7
METHYL ISOBUTYL KETONE	108101	8587	0	0	8587	4.3	1	4.3

Transfer the total emissions, pollutant by pollutant to Worksheet 10, Columns 1-5, using the same identification number that was used on this worksheet.

Source I.D. Number 1730152

Material Balance Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number from Worksheet 1.

ID Number:	**3**
SCC ID Number(s)	**02**

In the Criteria Pollutant box enter the criteria pollutant the calculation applies to. Enter the total quantity of potential pollutant which enters the process or operation in the box fo Q(added). Enter the total quantity of potential pollutant which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of the pollutant recov reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If overall control efficiency is zero, copy the uncontrolled emissions in tons to space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the unco emissions. The result should be entered in the space provided for estimated emissions.

Column A.	Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
Criteria Pollutant	**Q(added) (pounds)**	**Q(consumed) (pounds)**	**Q(recovered) (pounds)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1 - OE)**	**Estimated Emissions (tons)**
VOC	**13,166**	**0**	**3,100**	**10,066**	**5**	**1**	**5**

Transfer the total emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Source I.D. Number 1730152

Material Balance Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**3**
SCC ID Number	**02**

Calculate emissions for all HAPs, even if previously included in criteria pollutant emission calculation.

Enter the total quantity of HAPs which enters the process or operation in the box for Q(added). Enter the total quantity of potential HAPs which becomes an integral part of the product in the box for Q(consumed). Enter the total quantity of HAPs recovered for reuse in the box for Q(recovered). Subtract Q(consumed) and Q(recovered) from Q(added) to obtain the uncontrolled emissions in pounds. Enter the result in the space provided. Divide the uncontrolled emissions in pounds by 2000 to obtain the uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions in tons to the space for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. The result should be entered in the space provided for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = B - C - D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAP		**Q(added) (pounds)**	**Q(consumed) (pounds)**	**Q(recovered) (pounds)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
Name	**CAS#**							
METHYL ETHYL KETONE	**78933**	**13,166**	**0**	**3,100**	**10,066**	**5**	**1**	**5**

Transfer the total emissions, pollutant by pollutant to Worksheet 10, Columns 1-5, using the same identification number that was used on this worksheet.

Duplicate as necessary

KDHE AQ Worksheet 1

Source I.D. Number 1730152

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
4	PAINT STRIPPER - APPLICATION, DEGRADATION & COATING; METHYLENE CHLORIDE

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
68240031	01	.6	TONS OF METHYLENE CHLORIDE USED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

KDHE AQ Worksheet 2

Source I.D. Number 1730152

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**4**
SCC ID Number	**01**

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of p for NOx, VOC, PM_{10}, SOx, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, cop uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. M 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
NOx							
VOC	**AP-42**	**1600**	**.6 tons**	**960**	**.48**	**1**	**.48**
PM_{10}							
SOx							
TSP							
CO							

Transfer the total NOx, VOC, PM_{10}, SOx, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Please make sure each emission factor is given **lbs. per unit of measurement

KDHE AQ Worksheet 8

Source I.D. Number 1730152

Emission Factor Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**4**
SCC ID Number(s)	**01**

Calculate emissions for allHAPs, even if previously included in criteria pollutant emissions calculations.

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by operating rate (from Worksheet 1) to obtain emissions in units of pounds. D uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions to the box for estimat emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. result should be entered in the space for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = C x D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAPs		**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
Name	**CAS#**							
METHYLENE CHLORIDE	**75092**	**AP-42**	**1600 lbs/ton**	**.6 tons**	**960**	**.48**	**1**	**.48**

Transfer the total emissions, pollutant by pollutant, to Worksheet 10, Columns 1 - 5, using the same identification number that was used on this Worksheet.

Duplicate as necessary

December, 1997

KDHE AQ Worksheet 1

Source I.D. Number 1730152

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
5	WASTE SOLVENT RECOVERY OPERATIONS - DISTILLATION

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
49000207	01	.49	TONS OF TRICHLOROETHYLENE DISTILLED
49000207	02	1.6	TONS OF METHYL ETHYL KETONE DISTILLED
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

KDHE AQ Worksheet 2

Source I.D. Number 1730152

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	5
SCC ID Number	01

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of p for NOx, VOC, PM_{10}, SOx, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, cop uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. M 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
NOx							
VOC	**AP-42**	**4.24 lbs/ton**	**.49**	**2**	**.001**	**1**	**.001**
PM_{10}							
SOx							
TSP							
CO							

Transfer the total NOx, VOC, PM_{10}, SOx, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Please make sure each emission factor is given in **lbs. per unit of measurement

KDHE AQ Worksheet 8

Source I.D. Number 1730152

Emission Factor Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**5**
SCC ID Number(s)	**01**

Calculate emissions for allHAPs, even if previously included in criteria pollutant emissions calculations.

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by operating rate (from Worksheet 1) to obtain emissions in units of pounds. D uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions to the box for estimat emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. result should be entered in the space for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = C x D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAPs		**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
Name	**CAS#**							
TRICHLOROETHYLENE	**79016**	**AP-42**	**4.24 lbs/ton**	**.49 tons**	**2**	**.001**	**1**	**.001**

Transfer the total emissions, pollutant by pollutant, to Worksheet 10, Columns 1 - 5, using the same identification number that was used on this Worksheet.

Duplicate as necessary

Source I.D. Number 1730152

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**5**
SCC ID Number	**02**

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of p for NOx, VOC, PM_{10}, SOx, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, cop uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. M 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
NOx							
VOC	**AP-42**	**4.24 lbs/ton**	**1.6**	**6.8**	**.003**	**1**	**.003**
PM_{10}							
SOx							
TSP							
CO							

Transfer the total NOx, VOC, PM_{10}, SOx, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Please make sure each emission factor is given **lbs. per unit of measurement

KDHE AQ Worksheet 8

Source I.D. Number 1730152

Emission Factor Calculation Form - Hazardous Air Pollutants (HAPs)

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**5**
SCC ID Number(s)	**02**

Calculate emissions for allHAPs, even if previously included in criteria pollutant emissions calculations.

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by operating rate (from Worksheet 1) to obtain emissions in units of pounds. D uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, copy the uncontrolled emissions to the box for estimat emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1 - OE. Multiply 1 - OE by the uncontrolled emissions. result should be entered in the space for estimated emissions.

Column A.		Column B.	Column C.	Column D.	Column E. E = C x D	Column F. F = E/2000	Column G.	Column H. H = F x G
HAPs		**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
Name	**CAS#**							
METHYL ETHYL KETONE	**78933**	**AP-42**	**4.24 lbs/ton**	**1.6 tons**	**6.8**	**.003**	**1**	**.003**

Transfer the total emissions, pollutant by pollutant, to Worksheet 10, Columns 1 - 5, using the same identification number that was used on this Worksheet.

Duplicate as necessary

KDHE AQ Worksheet 1

Source I.D. Number 1730152

Air Emissions Source Operating Information

Enter a unique identification (ID) number, which will be used to identify these specific emissions throughout the emission calculation procedure.

ID Number	Briefly Describe the processes or operation associated under this identification number, including model or serial number, HP, etc. as applicable. Please list EACH operating unit individually.
6	NATURAL GAS INCINERATOR (INDUSTRIAL PROCESS) - ACE OVEN: MODEL # 240RKG, SERIAL # 134

Enter the applicable 8 digit Source Classification Code(s) for this process or operation. Make a note of units of measurement. Enter the annual operating rate in the appropriate measurement. Also enter the units of measurement of the annual operating rate in the space provided. In some cases SCC ID number will be necessary as an additional identifier Example, two SCC ID numbers should be used in the case of a boiler which burned 1.5% sulfur coal and 0.6% sulfur coal, even though the same source classification code is used

Applicable Source Classification Codes	SCC ID Number	Annual Operating Rate In Units of Measurement	Units Of Measurement
39990013	01	2,880	M CUBIC FEET OF NATURAL GAS BURNED
	02		
	03		
	04		
	05		
	06		
	07		
	08		
	09		
	10		
	11		
	12		

Additional Processes should be listed on Worksheet 1a.

Source I.D. Number 1730152

Emission Factor Method Calculation Form - Criteria Pollutants *

Enter the identification (ID) number and the SCC ID number(s) from Worksheet 1.

ID Number	**6**
SCC ID Number	**01**

Enter the emission factors and their origins in the spaces provided. Multiply the emission factors by the operating rate (from Worksheet 1 or 1a) to obtain emissions in units of p for NOx, VOC, PM_{10}, SOx, TSP, and CO. Divide uncontrolled emissions in pounds by 2000 to obtain uncontrolled emissions in tons. If the overall control efficiency is zero, cop uncontrolled emissions to the box for estimated emissions. If the overall control efficiency is not zero, fill out Worksheet 6 and enter the result in the space provided for 1-OE. M 1-OE by the uncontrolled emissions. The result should be entered in the space for estimated emissions.

Column A.	Column B.	**Column C.	Column D.	Column E. E=C x D	Column F. F= E/2000	Column G.	Column H. H=F x G
Criteria Pollutant	**Emission Factor Origin**	**Emission Factor (lbs per unit of measurement)**	**Operating Rate (in units of measurement)**	**Uncontrolled Emissions (pounds)**	**Uncontrolled Emissions (tons)**	**1 - Overall Control Efficiency (1-OE)**	**Estimated Emissions (tons)**
NOx	**AP-42**	**.140**	**2,880**	**403**	**.20**	**1**	**.20**
VOC							
PM_{10}	**AP-42**	**.003**	**2,880**	**8.64**	**.004**	**1**	**.004**
SOx	**AP-42**	**.0006**	**2,880**	**1.7**	**.0009**	**1**	**.0009**
TSP							
CO							

Transfer the total NOx, VOC, PM_{10}, SOx, TSP, and CO emissions to Worksheet 7, using the same identification number that was used on this worksheet.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, TSP, and CO. Although lead is also a criteria pollutant, lead emissions are being included the hazardous air pollutant emissions calculations.

Please make sure each emission factor is given **lbs. per unit of measurement

Source I.D. Number 1730152

Criteria Pollutant Summary*

The information to be transferred to this worksheet will come from Worksheets 2, 3, and 4. Use the same identification number that was used in the worksheet from which the emissions being transferred were calculated. If more than one process was used per identification number, sum the emissions for each type of pollutant for each identification number before entering that information on this worksheet.

Identification Number	01	02	03	04	05	06					Total (tons)
Method of Calculation	AP-42	MAT. BAL	MAT. BAL	AP-42	AP-42	AP-42					
NOx (tons) Emissions	1.6	-	-	-	-	.20					1.8 ✓ Box 1
VOC (tons) Emissions	.03	30	17	.48	.004	-					48 ✓ Box 2
PM_{10} (tons) Emissions	.03	-	-	-	-	.004					.034 ✓ Box 3
SOx (tons) Emissions	.007	-	-	-	-	.0009					.0079 ✓ Box 4
TSP (tons) Emissions	-	-	-	-	-	-					✓ Box 5
CO (tons) Emissions	.4	-	-	-	-	-					.4 ✓ Box 6

Transfer the total emissions from boxes 1 through 4 to Worksheet 12, Boxes 1-4.

*For the purposes of these worksheets, criteria pollutants include NOx, VOC, PM_{10}, SOx, and CO. Although lead is also a criteria pollutant, lead emissions are included in the hazardous air pollutant emissions calculations.

KDHE AQ Worksheet 10

Source I.D. Number 1730152

Emissions Summary - Hazardous Air Pollutants (HAPS)

The information transferred to this worksheet comes from Worksheets 8 and 9.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Hazardous Air Pollutant (HAP) Chemical must be listed as a HAP in K.A.R. 28-19-7.	**CAS Number**	**ID Number(s)**	**Method of Calculation**	**Annual Emissions (tons)**	**Enter Emissions from Column 5 if also Subject to Fees as VOC or PM_{10}***
TRICHLOROETHYLENE	79016	2	MB	30 ✓	
TRICHLOROETHYLENE	79016	5	EF	.001	
METHYL ETHYL KETONE	78933	3	MB	7.6 ✓	
METHYL ISOBUTYL KETONE	108101	3	MB	4.3 ✓	
XYLENE	1330207	3	MB	5.2 ✓	
TOLUENE	108883	3	MB	.1 ✓	
ETHYL BENZENE	100414	3	MB	1.7 ✓	✓
METHYLENE CHLORIDE	75092	4	EF	.48 ✓	
METHYL ETHYL KETONE	78933	5	EF	.003	
Totals				49.4	
				Box 5	Box 6

Duplicate as necessary

KDHE AQ Worksheet 11 **Source I.D. Number** 1730152

Worksheet to Determine if Hazardous Air Pollutant Emissions Are Subject to Fees

Line 1. Enter sum of all Box 5's from all Worksheet 10's.	**49.4**	Tons
Line 2. If Line 1 is greater than or equal to 25 tons/yr, enter total of all Box 6's from all Worksheet 10's Otherwise, skip to Line 4.	**0**	Tons
Line 3. Subtract Line 2 from Line 1 and enter result. Skip to Line 8.	**49.4**	Tons
Line 4. If Line 1 is less than 25 tons, sum total emissions for each chemical, and enter emissions for each chemical if greater than 10 tons.		
Line 4a.	-	Tons
Line 4b.	-	Tons
Line 5. Add Lines 4a and 4b and enter result.	-	Tons
Line 6. Enter emissions from Line 5 which have been assessed fees as VOC or PM_{10}.	-	Tons
Line 7. Subtract Line 6 from Line 5 and enter result.	**0**	Tons
Line 8. If Line 1 is greater than or equal to 25 tons, enter result from Line 3, otherwise enter result from Line 7.	**49.4**	Tons

Transfer results, rounded to the nearest ton, from Line 8 to Worksheet 12, Box 9.

Emissions Summary and Fee Calculation

Total NOx Emissions Plantwide	**(Rounded to the nearest ton)**	**1.8**	Box 1
Total VOC Emissions Plantwide	**(Rounded to the nearest ton)**	**48**	Box 2
Total PM_{10} Emissions Plantwide	**(Rounded to the nearest ton)**	**.034**	Box 3
Total SOx Emissions Plantwide	**(Rounded to the nearest ton)**	**.0079**	Box 4
If Box 1 < 100 tons, enter 0. If Box 1 > 4000 tons, enter 4000. Otherwise, enter Box 1.		**0**	Box 5
If Box 2 < 100 tons, enter 0. If Box 2 > 4000 tons, enter 4000. Otherwise, enter Box 2.		**0**	Box 6
If Box 3 < 100 tons, enter 0. If Box 3 > 4000 tons, enter 4000. Otherwise, enter Box 3.		**0**	Box 7
If Box 4 < 100 tons, enter 0. If Box 4 > 4000 tons, enter 4000. Otherwise, enter Box 4.		**0**	Box 8
Total HAPs Plantwide subject to fees (Line 8, Worksheet 11)(rounded to the nearest ton)		**49**	Box 9
Add Boxes 5-9. This is the total quantity of emissions subject to fees.		**49**	Box 10
Multiply Box 10 by $13/ton and enter result.		**$ 637.00**	Box 11
Fee Credit carried over from previous years.		**0**	Box 12
Subtract Box 12 from Box 11 and enter result.This is the total emissions fee due.		**$ 637.00**	Box 13

Duplicate as necessary

December, 1997
KDHE Technical Service

1997 EMISSION INVENTORY

To: Cathy
From: Barb

Date: 9-1-91

Permit Number: 173-0152

Emissions Inventory Received And Calculations Look Correct (✓)

Emissions Inventory Received And Calculations Incorrect ( ).

ATTACHMENT 7

CHECKLIST A
APPLICABILITY CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: This checklist will establish whether a facility or operations within a facility are subject to this NESHAP.

1. GENERAL INFORMATION

A. Date of Inspection: 1-13-99
B. Facility Name: AIR CAPITOL PLATING (APC)
C. Facility Address: WICHITA, KS
D. Facility Contact: CURT HOWELL
(Name, Title, and Phone) COMPLIANCE MANAGER
E. Is the facility a major or an area source? Major ☒ Area ☐
(NESHAP applies to *major sources* only)

F. Inspector(s):

Name	Title/Affiliation	Phone Number
PAUL BEATTY	SFA	
PAULA HIGBEE	SFA	

2. SOURCE IDENTIFICATION

A. Does this facility engage in the manufacture or rework of aerospace vehicles, assemblies, or components? Yes ☒ No ☐ **(If No, do not proceed, this rule does not apply)**

B. Does this facility perform any of the following operations on aerospace vehicles, assemblies, or components? **(If Yes to any, proceed, the rule applies)**

Cleaning operations	Yes ☒	No ☐	
Hand-wipe cleaning	Yes ☒		No ☐
Spray gun cleaning	Yes ☒		No ☐
Flush cleaning	Yes ☐	No ☒	
Topcoat or primer application	Yes ☒	No ☐	
Depainting operations	Yes ☐	No ☒	
Chemical milling maskant	Yes ☐	No ☒	
Handling and storage of waste	Yes ☒	No ☐	

CHECKLIST B
CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations requirements are applicable only to the cleaning of aerospace vehicles, assemblies, and components. Cleaning operations subject to the hand-wipe cleaning (Checklist C), flush cleaning (Checklist D), or spray gun cleaning (Checklist E) requirements are also subject to these requirements.

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. REQUIREMENTS

Owners/operators may choose one of the following options. Complete the table below by checking either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement(s). It may be necessary to write "N/A" (not applicable) for some requirements.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Option 1 (§63.744(a))	Aqueous cleaning solvents (≥80% water content as applied), miscible with water, flash point > 200°F (93°C) are used	MEK		X
These requirements are referred to as Table 1 in the rule	Hydrocarbon based cleaning solvents (mixture of photochemically reactive HC and/or oxygenated HC), maximum vapor pressure (VP) of 3.75 in. H_2O at 68°F (7 mm Hg at 20°C), and containing no HAP are used	MEK		X
If using Option 1, skip Section 3 and go directly to Section 4.				
Option 2 (§63.744(a))	Solvent not meeting requirements in Option 1		X	
If using Option 2, go to Section 3, Housekeeping Measures				

MEK VP=95 mmHg @ 20°C

3. HOUSEKEEPING MEASURES

Housekeeping measures are required if Option 2 is used to comply with the cleaning operation requirements. Check either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
§63.744(a)(1)	Place absorbent applicators in closed containers upon completing use (except cotton-tipped swabs)	M&K	X	
§63.744(a)(2)	Store fresh and spent cleaning solvents in closed containers (except semi-aqueous cleaners)		X	
§63.744(a)(3)	Handle and transfer solvent between containers in a manner that minimizes spills		X	

4. RECORDKEEPING

The following recordkeeping is required for <u>all</u> options. Check either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement. Additional requirements will be found in individual sections of the hand-wipe, spray gun, and flush cleaning checklists.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
§63.752(b)(1)	Name, vapor pressure, and documentation showing the organic HAP constituents for each cleaning solvent		X	
§63.10(b)(1)	Necessary records to be maintained for 5 years (2 years onsite)		X	

5. INSPECTOR COMMENTS:

END OF CHECKLIST B

CHECKLIST C
HAND-WIPE CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations subject to the hand-wipe cleaning requirements are also subject to the cleaning requirements (Checklist B).

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. EXEMPTIONS

The following ***hand-wipe cleaning operations*** are exempted from portions of the regulatory NESHAP provisions shown in the table (please note that some recordkeeping is required for exempt operations where a noncompliant cleaning solvent is used). The cited regulatory provision and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

The following exemptions apply specifically to the use of *hand-wipe cleaning* solvents:				
Citation	**Exempt Operation**	**Measurement, Calculation, or Observation**	**Does Facility Perform Indicated Operation?**	
			Yes	**No**
§63.744(e)(1)	Cleaning of components of breathing oxygen systems that are exposed to the breathing oxygen			
§63.744(e)(2)	Cleaning related to parts that are exposed to strong oxidizers or reducers			
§63.744(e)(3)	Cleaning and surface activation prior to adhesive bonding			
§63.744(e)(4)	Electronic parts, and assemblies containing electronic parts			
§63.744(e)(5)	Aircraft and ground support equipment fluid systems exposed to the fluid (e.g., air-to-air heat exchangers and hydraulic fluid systems)			
§63.744(e)(6)	Fuel cells, fuel tanks, and confined spaces			
§63.744(e)(7)	Solar cells, coated optics, and thermal control surfaces			
§63.744(e)(8)	Cleaning related to upholstery, curtains, carpet, and other textiles used in aircraft interiors			

The following exemptions apply specifically to the use of *hand-wipe cleaning* solvents:				
Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
§63.744(e)(9)	Metallic and nonmetallic materials used in honeycomb cores			
§63.744(e)(10)	Aircraft transparencies, polycarbonates, and glass substrates			
§63.744(e)(11)	Cleaning associated with R&D, quality control, or laboratory testing			
§63.744(e)(12)	Cleaning operations conducted within 5 feet of energized electrical systems			
§63.744(e)(13)	Cleaning operations that are "essential uses" under the Montreal Protocol (40 CFR §82.4)			

3. REQUIREMENTS

Check off the compliance option or options selected by the owner/operator for hand-wipe cleaning operations.

A. ***Option 1***: (§63.744(b)(1)) **Meet Table 1 composition requirements** ☐
[Table 1 found in rule and in Checklist B (Cleaning), Section 2]

B. ***Option 2***: (§63.744(b)(2)) **Meet Composite vapor pressure limit** ☐

Requirement:
Is the composite vapor pressure 24 in. H_2O (45 mm Hg) or less at 68°F (20°C)?

Yes ☐ **No** ☐

NONE

C. ***Option 3:*** (§63.744(b)(3)) **Solvent usage reduction** ☐

Requirement:
Was the hand-wipe cleaning solvent usage reduced at least 60% from a 1996 and 1997 baseline value (or other value approved by the permitting agency), adjusted for production?

Yes ☐ **No** ☐

Does the plan demonstrate a reduction equivalent to Option 1 or 2, and has an alternative plan been filed?

Yes ☐ **No** ☐

4. RECORDKEEPING

Recordkeeping requirements are based on the option or options selected by the owner/operator. Check either "Yes" or "No" to document the measurement, calculation, or observation meeting the NESHAP requirement(s).

For hand-wipe solvents complying with *Option 1* - Table 1 criteria				
Citation	**Requirement**	**Measurement, Calculation, or Observation**	**Yes**	**No**
§63.752(b)(2)	Keep records of: 1. name of each cleaning solvent, 2. data and calculations demonstrating compliance with Table 1, and 3. *annual* volume of each solvent used (facility purchase or usage records)		___ ___ ___	X
For hand-wipe solvents complying with *Option 2* - vapor pressure limit				
§63.752(b)(3)	Keep records of: 1. name of each cleaning solvent, 2. composite vapor pressure of each solvent, 3. test results (if applicable), data, and calculations for composite VP, and 4. *monthly* volume of each solvent used at each operation (purchase records may be used if the quantity purchased can be linked to each operation)		___ ___ ___ ___	X
For hand-wipe solvents used in exempt cleaning operations that do not comply with Option 1 or 2				
§63.752(b)(4)	Keep records of: 1. identity and *monthly* volume of each solvent used at each operation (purchase records may be used if the quantity purchased can be linked to each operation), and 2. a list of the exempt operations in which these solvents are being used		___ ___	X

5. INSPECTOR COMMENTS:

USE MEK -
- NO SPECIFIC USAGE RECORDS
- NO 1996, 1997 BASELINE

END OF CHECKLIST C

CHECKLIST D
SPRAY GUN CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations subject to the spray gun cleaning requirements are also subject to the cleaning requirements (Checklist B).

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. REQUIREMENTS

Owners/operators may choose one of the following options. Determine what type of spray gun cleaning operations are performed by completing the table below.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
Option 1 §63.744(c)(1)	Enclosed system cleaning			X
Option 2 §63.744(c)(2)	Nonatomized cleaning			X
Option 3 §63.744(c)(3)	Disassembled gun cleaning (manual or soaking)	MEK	X	
Option 4 §63.744(c)(4)	Atomized cleaning	MEK	X	

3. RECORDKEEPING

A. ***Option 1***: (§63.744(c)(1)) **Enclosed System** ☐ NA

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(1)(i)	Clean spray gun in enclosed system kept closed except when inserting or removing gun. Cleaning consists of forcing the cleaning solvent through the gun.			
Monitoring §63.751(a)	Visually inspect seals and other potential leak sources *monthly*, while system is in operation.			
Compliance §63.744(c)(1)(ii)	Repair any leak in system as soon as practicable, but no later than 15 days after finding leak. Shut down system if not repaired within 15 days. Repair and restart, or decommission.			
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.			
Recordkeeping §63.752(b)(5)	Keep records of leaks showing source ID, date each leak found, and date each leak repaired.			

B. ***Option 2***: (§63.744(c)(2)) **Nonatomized cleaning** ☐ NA

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(2)	Clean spray gun by forcing solvent through gun with atomizing cap in place. No atomizing air is used. Collect solvent from gun in closed container.			
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.			

C. ***Option 3:*** (§63.744(c)(3)) **Disassembled manual cleaning or soaking** ☒

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(3)	Clean disassembled spray gun by hand (vat kept closed when not in use), or soak components (vat kept closed when not inserting or removing components).		X	
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.	MEK	X	

D. ***Option 4:*** (§63.744(c)(4)) **Atomized cleaning with emissions capture** ☒

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.744(c)(4)	Clean spray gun by forcing solvent through gun, collect atomized spray into container that captures the solvent emissions.	SPRAY INTO FUNNEL ON DRUM		X
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.	MEK	X	

4. INSPECTOR COMMENTS:

END OF CHECKLIST D

CHECKLIST E
FLUSH CLEANING CHECKLIST
Aerospace Manufacturing and Rework NESHAP

NOTE: Cleaning operations subject to the flush cleaning requirements are also subject to the cleaning requirements (Checklist B). Flush cleaning means the removal of contaminants by passing solvent over, into, or through the item (spray guns not included) being cleaned.

1. GENERAL INFORMATION

A. Source Location (if applicable): N/A
B. Installation Date (if applicable): _____

2. REQUIREMENTS

Check off the compliance option or options selected by the owner/operator for flush cleaning operations.

NOTE: Exempt from the compliance requirements of §63.744(d) are: (1) semi-aqueous cleaning solvents (≥60% water as applied), and (2) Table 1 cleaning solvents (Checklist B, Section 2).

A. ***Option 1***: **Table 1 or semi-aqueous cleaning solvents** ☐
[See Checklist B, Section 2 or Table 1 in rule.
Semi-aqueous: ≥60% water content as applied.]

B. ***Option 2***: **Enclosed system or collection system** ☐

3. RECORDKEEPING

For operations using an *enclosed system* for flush cleaning (does not apply to spray gun cleaning)				
Citation	**Requirement**	**Measurement, Calculation, or Observation**	**Yes**	**No**
Compliance §63.744(d)	Empty the used cleaning solvent from flush cleaning into enclosed container or collection system and keep it closed when not in use, or empty into system with equivalent emission control.			
For *all flush cleaning* operations, unless otherwise noted				
Recordkeeping §63.752(b)(1)	Keep records of name, vapor pressure, and organic HAP constituents for each cleaning solvent.			
For *semi-aqueous cleaning* operations				

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(b)(2)	For semi-aqueous cleaning solvents (used under Option 1), record name, documentation that each meets composition requirements, and *annual* volume usage or purchase records. Table 1 solvents are not subject to this recordkeeping requirement.			

4. INSPECTOR COMMENTS:

END OF CHECKLIST E

CHECKLIST F
PRIMER/TOPCOAT CHECKLIST
Aerospace Manufacturing and Rework NESHAP

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____
C. The following coating application operations are performed at the facility/plant:

- ☒ topcoating (containing organic/inorganic HAP)
- ☒ priming (containing organic/inorganic HAP)
- ☐ self-priming topcoating (containing organic/inorganic HAP)
- ☒ application of waterborne coatings

2. EXEMPT OPERATIONS

The following primer/topcoat (including self-priming) operations are exempt based on the regulatory NESHAP provisions shown in the table. The cited regulatory NESHAP provision and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

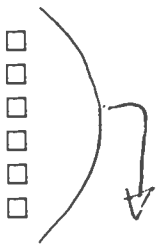
The following exemptions apply to *all* primer and topcoat applications:				
Citation	**Exempt Operation**	**Measurement, Calculation, or Observation**	**Does Facility Perform Indicated Operation?**	
			Yes	**No**
§63.741(i)	Waterborne primers/topcoats (limited exemption, see rule for specific information)			
§63.745(a)	Public display, nonoperational, and not easily moved equipment			
The following are exempt from the *application technique requirements* for *organic HAP* requirements only. All other requirements apply.				
§63.745(f)(3) Application Equipment	Use of airbrush or spray gun extension			
	Coating containing fillers that adversely affect atomization with HVLP			
	Film thicknesses <0.0005 inch			
	Airbrushed stenciling, lettering, or marking			
	Hand-held spray cans			
	Touchup and repair			
The following are exempt from the *inorganic HAP* requirements only.				

Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
§63.745(g)(4) Inorganic HAP	Touchup of scratches, paint damage			
	Hole daubing for fasteners			
	Touchup of trimmed surfaces			
	Coating prior to joining dissimilar metal components			
	Stencil operations performed by brush or airbrush			
	Section joining			
	Touchup of bushings			
	Sealant detackifying			
	Use of hand-held spray cans			
	Coating of parts that the permitting authority has determined (and which is identified in a Title V permit) is not technically feasible to paint in a booth			

3. COMPLIANCE OPTIONS - ORGANIC HAP EMISSIONS

There are five options for demonstrating compliance with the ***organic HAP*** emissions requirements. Check off the compliance option/options selected by the owner/operator. Owners and operators are required to meet the application techniques and housekeeping measures identified below regardless of the compliance option(s) chosen:

A. All Options: ***Application techniques and Housekeeping*** (§63.745(b) and (f)) ☐
B. Option 1: ***Primers/topcoats meet organic HAP/VOC limits*** (§63.745(e)(1)) ☐
C Option 2: ***Primers meet "low HAP content" limit*** (§63.752(c)(3)) ☐
D. Option 3: ***Weighted average content*** (§63.745(e)(2)) ☐
E. Option 4: ***Add-on controls*** (§63.745(d)) ☐
F. Option 5: ***Use of waterborne coatings*** (§63.741(i)) ☐



DOES NOT USE SPECIFIC OPTION

4. REQUIREMENTS - ORGANIC HAP EMISSIONS

Document compliance with the specific option or options chosen by the owner/operator by checking "Yes" or "No" for each item in the table for that option. If application or requirement is not applicable, write "N/A" across the "Yes" or "No" column.

A. ***All Options**: Application techniques, Housekeeping, and Recordkeeping.*

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(b)	Handle primers and topcoats in such a manner that minimizes spills		X	
Compliance §63.745(f)	Apply coatings using one or more of the following methods: • flow/curtain coating • dip coat application • roll coating • brush coating • cotton-tipped swab application • electrodeposition (dip) coating • HVLP spraying • electrostatic spray • other approved methods that meet HVLP or electrostatic spray	~90% + HVLP ~10% REGULAR	X	X
Recordkeeping §63.745(f)(2)	Operate application devices in accordance with company procedures, local specified operating procedures, and, or manufacturer specifications		X	
Recordkeeping §63.10(b)(1)	Necessary records to be maintained for 5 years (2 years onsite)			

B. ***Option 1:** Primers/topcoats meet organic HAP/VOC limits (uncontrolled coatings)*

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(c) and (e)(1)	Each primer and topcoat in use meets the following content limits for both organic HAP and VOC: Primers: 2.9 lb/gal (350 g/liter) Topcoats: 3.5 lb/gal (420 g/liter) General aviation (all coatings) 4.5 lb/gal (540 g/liter)		X	X
Recordkeeping §63.752(c)(1)	Keep records of name and VOC and HAP content of each primer and topcoat as received and as applied.		X	

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(c)(2) *(without averaging)*	Keep *monthly* records of mass of organic HAP and VOC emitted per unit volume of coating as applied *for each coating formulation,* all documentation for these emission values, and the monthly volume usage for each primer and topcoat formulation.			

C. ***Option 2:*** *Primers meet "low HAP content" limit (uncontrolled primers)*

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping § 63.752(c)(3)(i)	Keep *annual* volume purchase records of each low HAP or VOC content coating (<2.1 lb/gal).			
Recordkeeping § 63.752(c)(3)(ii)	Keep all data, calculations, and test results, if applicable, used in determining low organic HAP and VOC content as applied, or manufacturer's certification when primer is applied as received.			

D. ***Option 3:*** *Weighted average content (uncontrolled coatings)*

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(c) and (e)(2)	Any combination of primers or topcoats such that the monthly volume-weighted average organic HAP and VOC contents of the combination meet the following limits: Primers: 2.9 lb/gal (350 g/liter) Topcoats: 3.5 lb/gal (420 g/liter)	Averaging scheme, if applicable, approval date _____		
Recordkeeping §63.752(c)(4)	Keep records of *monthly* volume-weighted average mass of organic HAP and VOC per unit volume of coating as applied for all primers and all topcoats, and all documentation for these calculations.			

E. ***Option 4:*** *Add-on control system (controlled coatings)* NO ADD-ON CONTROL

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.745(d)	Use a control system that reduces organic HAP and VOC emissions with at least 81% overall efficiency (= capture efficiency x removal efficiency).			
Monitoring §63.751(b)(3)(iii) and (b)(4)	Conduct monitoring of capture and operating parameters established by plan and calculate site specific operating parameter value(s) that demonstrate compliance.			
Monitoring §63.751(b)(6)(iii)(A)	Install, calibrate, operate, and maintain a continuous emission monitor to measure total HAP or VOC concentration exhausted from control device (portable monitor allowed for nonregenerative carbon adsorbers).			
Monitoring §63.751(b)(6)(ii)	Perform a quarterly audit of the continuous emission monitor.			
Monitoring §63.751(b)(6)(iii)(D)	For *nonregenerative carbon adsorption systems*, replace the carbon at a regular predetermined time interval.			
Monitoring §63.751(b)(8)	For *incinerators*, install, calibrate, maintain, and operate temperature monitoring equipment according to manufacturer's specifications. Every 3 months, replace or recalibrate temperature sensors (or use a CEMS to verify destruction efficiency).			
Monitoring §63.751(b)(9)	For *noncatalytic incinerators*, install thermocouples with continuous recorders immediately downstream of the firebox.			
Monitoring §63.751(b)(10)	For *catalytic incinerators*, install thermocouples with continuous recorders immediately before and after the catalyst bed.			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(c)(6)	**Records for carbon adsorbers, as appropriate for the type of system:** 1. Overall control efficiency, with all data and calculations used to calculate efficiency; *For mass balance calculation:* 2. Length of rolling material balance period, with all data and calculations; 3. Certification of accuracy for the device that measures recovered HAP or VOC; and *For nonregenerative carbon adsorbers:* 4. Record of carbon replacement time, as required.			
Recordkeeping §63.752(c)(5)	**Records for other control devices, as appropriate:** 1. Overall control efficiency; 2. Continuous records of firebox temperature and calculated 3-hour averages; 3. Continuous records of temperature before and after the catalyst bed.			

F. ***Option 5:*** *Use waterborne coatings*

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.741(i)	Coating contains more than 5% water by weight as applied in its volatile fraction and meets applicable HAP and VOC limits. Exemptions from several rule requirements are specified in the rule.			
Recordkeeping §63.741(i)	Keep manufacturer's supplied data and annual purchase records *for each exempt waterborne coating* for 5 years.			

5. COMPLIANCE OPTIONS - INORGANIC HAP EMISSIONS

There are several options for meeting the ***inorganic HAP*** emissions requirements based on whether the source is new or existing. Check off the compliance option(s) selected by the owner/operator. If the requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
All Options §63.745(g)(1)	Apply coatings in a booth or hangar in which air flow is directed downward onto or across the part or assembly being coated.		X	
Option 1 §63.745(g)(2)(i)	For *existing sources*, use a waterwash system, a dry particulate filter meeting the efficiencies in Tables 1 and 2 of §63.745, or equivalent approved system.	NA		
Option 2 §63.745(g)(2)(ii)	For *new sources*, use a dry particulate filter meeting the efficiencies in Tables 3 and 4 of §63.745, or equivalent approved system.		X	X
Option 3 §63.745(g)(2)(iii)(A)	For *new sources constructed between 6/6/94 and 10/29/96*, use a 2-stage dry filter, or a waterwash system.	NA		
§63.745(g)(2)(iii)(B)	~~*For new sources constructed between*~~ *6/6/94 and 10/29/96* that apply primers ~~or topcoats~~ containing ***chromium*** or ***cadmium***, use a HEPA filter, 3-stage filter, or approved equivalent to a 3-stage control system.	NA		

6. REQUIREMENTS - INORGANIC HAP EMISSIONS

These requirements apply to the spray application of primers or topcoats that contain inorganic HAP. If the requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Is facility using a *dry particulate filter system* to control the coating operation? If Yes:				
Compliance §63.745(g)(2)(iv)(A)	Maintain dry particulate filter in good working order.		X	
Compliance §63.745(g)(2)(iv)(B)	Install a differential pressure gauge across the filter banks.		X	
Compliance §63.745(g)(2)(iv)(C)	Continuously monitor pressure drop across filter, read and record pressure drop once per shift in which coating occurs.			X
Compliance §63.745(g)(2)(iv)(D)	Take corrective action when pressure drop goes outside manufacturer's recommended limit(s).		X	
Compliance §63.745(g)(3)	Shut down coating operation and take corrective action if pressure drop goes outside specified limit(s).	?		
	Shut down coating operation if specified maintenance procedures have not been performed as scheduled.	?		
Recordkeeping §63.752(d)(1)	Record pressure drop across operating filter system once per shift in which coating occurs.			X
Recordkeeping §63.752(d)(3)	Log shall include acceptable limit(s) for pressure drop.			X
Is facility using a *waterwash system* (conventional and pumpless) to control the coating operation? If Yes: — NC				
Compliance §63.745(g)(2)(v)	Continuously monitor the water flow rate or operating efficiency range (for pumpless systems), and read and record the water flow rate or efficiency range once per shift in which coating occurs.			
Compliance §63.745(g)(3)	Shut down coating operation and take corrective action: 1. If water path fails visual continuity/flow characteristics check or water flow rate or operating efficiency range goes outside specified limit(s), or 2. If specified maintenance procedures have not been performed as scheduled.			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(d)(2)	Record water flow rate or operating efficiency range through system once each shift in which coating occurs.			
Recordkeeping §63.752(d)(3)	Log shall include acceptable limit(s) for water flow rate or operating efficiency.			

7. INSPECTOR COMMENTS:

END OF CHECKLIST F

CHECKLIST G
DEPAINTING OPERATIONS
Aerospace Manufacturing and Rework NESHAP

NA

NOTE: The rule covers depainting operations on the outer surface areas of completed aerospace vehicles (including the fuselage, wings, and vertical and horizontal stabilizers of the aircraft) and the outer casing and stabilizers of missiles and rockets. The rule also applies only to facilities that depaint more than six completed aerospace vehicles per calendar year.

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. EXEMPT OPERATIONS

Depainting performed in the situations or on the parts shown in the table is exempted from the control requirements in §63.746. The cited regulatory NESHAP provisions and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

Citation	Exempt Operation	Measurement, Calculation, or Observation	Does Facility Depaint Indicated Parts?	
			Yes	No
§63.746(a)(1)	Parts normally removed from vehicle for depainting (except wings and stabilizers)			
§63.746(a)(2)	Public display, nonoperational, and not easily moved equipment			
§63.746(a)(3)(i)	Depainting of radomes			
§63.746(a)(3)(ii)	Parts, subassemblies, and assemblies normally removed from primary aircraft structure before depainting			
§63.746(b)(5)	Mechanical and hand sanding operations are exempt from the requirements to *perform work in an enclosed area and use a control system.* All other requirements apply.			

3. REQUIREMENTS

Check off the compliance option or options selected by the owner/operator and check "Yes" or "No" for each item in the table for that option. If the requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
Option 1 §63.746(b)(1)	Non-HAP chemical strippers and technologies			
Option 2 §63.746(b)(2)	Nonchemical based equipment			
Option 3 §63.746(c)	Organic HAP chemical strippers (emissions reduced by control system)			

A. Option 1: (§63.746(b)(1)) **Non-HAP chemical strippers** and technologies ☐

Check "Yes" or "No" for each item in the table when using non-HAP chemical strippers and technologies.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(b)(1)	Each chemical stripping formulation or agent, and each chemical paint softener, used for depainting shall emit no organic HAP during depainting operations, except for spot stripping and decal removal.			
Compliance §63.746(b)(3)	For spot stripping and decal removal, use no more than: 1. 26 gal organic HAP-containing chemical strippers or 190 lb organic HAP per *commercial* aircraft depainted, and 2. 50 gal HAP strippers or 365 lb organic HAP per *military* aircraft depainted, on an *annual average* basis.			
Recordkeeping §63.752(e)(1)(i)	Keep records of name of each stripper used.			
Recordkeeping §63.752(e)(1)(ii)	Keep records of *monthly* volume of each organic HAP containing stripper or weight of organic HAP used for spot stripping and decal removal.			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(e)(6)	For spot stripping and decal removal: 1. Volume of organic HAP stripper or weight of organic HAP used; 2. Annual average volume of organic HAP stripper or weight of organic HAP used per aircraft; 3. Annual number of aircraft stripped; and 4. All data and calculations used.			

B. Option 2: (§63.746(b)(2)) **Nonchemical based equipment** ☐

Check "Yes" or "No" for each item in the table when using nonchemical based equipment.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(b)(2)	Maintain nonchemical based depainting equipment according to manufacturer's specifications or locally prepared procedures.			
	During malfunctions, use substitute materials that minimize HAP emissions.			
	Substitute materials are not to be used for more than 15 days annually, unless non-HAP.			
Does facility use *dry media blasting equipment* that generates airborne inorganic HAP emissions? If Yes:				
Compliance §63.746(b)(4)(i)	Perform depainting in an enclosed area or use a closed-cycle depainting system.			
Compliance §63.746(b)(4)(ii)(A)	For *existing sources*, use a waterwash system, baghouse, or a dry particulate filter. Dry particulate filters must meet the efficiency data points in Tables 1 and 2 of §63.745.			
Compliance §63.746(b)(4)(ii)(B)	For *new sources*, use a dry particulate filter system meeting the efficiency data points in Tables 3 and 4 of §63.745 or a baghouse.			
Is facility using a *dry particulate filter system* to control the media blasting operation? If Yes:				
Compliance §63.746(b)(4)(iii)(A)	Maintain dry particulate filter in good working order.			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(b)(4)(iii)(B)	Install a differential pressure gauge across the filter banks.			
Compliance §63.746(b)(4)(iii)(C)	Continuously monitor pressure drop across the filter.			
Compliance §63.746(b)(4)(iii)(D)	Take corrective action when pressure drop goes outside manufacturer's recommendation.			
Compliance §63.746(b)(4)(v)	Shut down depainting operation and take corrective action if filter pressure drop goes outside specified limits.			
	Shut down depainting operation and take corrective action if specified maintenance procedures have not been performed as scheduled.			
Is facility using *a waterwash system* (conventional or pumpless) to control the media blasting operation? If Yes:				
Compliance §63.746(b)(4)(iv)	Continuously monitor the water flow rate or operating efficiency range (for pumpless systems)			
Compliance §63.746(b)(4)(v)	Shut down depainting operation and take corrective action if water path fails visual continuity/flow characteristics check or the water flow rate or efficiency range goes outside specified limits.			
Compliance §63.746(b)(4)(v)	Shut down depainting operation and take corrective action if specified maintenance procedures have not been performed as scheduled.			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
For a *dry particulate filter or a waterwash system*:				
Monitoring §63.751(d)	Continuously monitor pressure drop across dry filter or water flow rate for conventional waterwash systems or operating efficiency range for pumpless systems, and read and record these parameters once per shift.			
Recordkeeping §63.752(e)(5)(i)	Records of names and types of nonchemical based equipment (dry media blast, etc.)			
Recordkeeping §63.752(e)(5)(ii)	For malfunction periods, the technique that malfunctioned, date, description of malfunction, methods used during the period, dates these methods were begun and stopped, and date the malfunction was corrected.			
Recordkeeping §63.752(e)(7)	Records of actual pressure drop across dry filters, or visual continuity and water flow rate for waterwash systems, recorded once each shift that depainting occurred. Log also must indicate acceptable limit(s) for the recorded parameters.			

C. Option 3: (§63.746(c)) **Organic HAP chemical strippers** ☐
(Emissions reduced by use of control device)

Check "Yes" or "No" for each item in the table when using organic HAP chemical strippers.

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.746(c)	Use a control system that reduces organic HAP and VOC emissions with at least: 1. 81% overall efficiency (= capture efficiency x removal efficiency) or mass balance calculations for *existing sources*, or 2. 95% overall efficiency for *new sources or mass balance calculation.*			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Monitoring §63.751(b)(3)(iii) and (b)(iv)	Conduct monitoring of capture and operating parameters established by plan and calculate site specific operating parameter value(s) that demonstrate compliance.			
Monitoring §63.751(b)(6)(iii)(A)	Install, calibrate, operate, and maintain a continuous emission monitor to measure total organic HAP or VOC concentration exhausted from control device (portable monitor allowed for nonregenerative carbon adsorbers).			
Monitoring §63.751(b)(6)(ii)	Perform a quarterly audit of the continuous emission monitor.			
Monitoring §63.751(b)(6)(iii)(D)	For *nonregenerative carbon adsorption systems,* replace the carbon at a regular predetermined time interval.			
Monitoring §63.751(b)(8)	For *incinerators*, install, calibrate, maintain, and operate temperature monitoring equipment according to manufacturer's specifications. Every 3 months, replace or recalibrate temperature sensors (or use a CEMS to verify destruction efficiency).			
Monitoring §63.751(b)(9)	For *noncatalytic incinerators*, install thermocouples with continuous recorders immediately downstream of the firebox.			
Monitoring §63.751(b)(10)	For *catalytic incinerators*, install thermocouples with continuous recorders immediately before and after the catalyst bed.			
Recordkeeping §63.752(e)(2)	**Records for carbon adsorbers, as appropriate for the type of system:** 1. Overall control efficiency, with all data and calculations used to calculate efficiency; *For mass balance calculation:* 2. Length of rolling material balance period, with all data and calculations; and 3. Certification of accuracy for the device that measures recovered HAP or VOC. *For nonregenerative carbon adsorbers:* 4. Record of carbon replacement time			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Recordkeeping §63.752(e)(3)	Records for **other control devices**, as appropriate: 1. Overall control efficiency and supporting calculations.			
Recordkeeping §63.752(e)(4)	For each aircraft type depainted, a listing of the parts, subassemblies, and assemblies normally removed before depainting. Exempted aircraft types: prototype, test model, and aircraft of which <25 exist.			

4. INSPECTOR COMMENTS:

- DOES NOT DEPAINT PLANES JUST PARTS
- CURRENTLY CONTRACTING OUT

END OF CHECKLIST G

CHECKLIST H
CHEMICAL MILLING MASKANT OPERATIONS
Aerospace Manufacturing and Rework NESHAP

NA

NOTE: Chemical milling maskant is defined as a coating that is applied directly to aluminum components to protect surface areas when chemical milling the component with a Type I or Type II etchant. This does not include bonding maskants and critical use and line sealer maskants, and seal coat maskants. Additionally, maskants that must be used with a combination of Type I or II etchant and any of the above types of maskants are also exempt from the chemical milling maskant requirements.

1. GENERAL INFORMATION

A. Source Location (if applicable): _____
B. Installation Date (if applicable): _____

2. EXEMPT OPERATIONS

The following maskants are exempt from the rule requirements. The cited regulatory NESHAP provision and §63.742 Definitions should be consulted for more details and for any qualifications on the exemptions.

Citation	Exempt Maskant	Measurement, Calculation, or Observation	Does Facility Use the Maskant?	
			Yes	No
§63.742 Chemical milling maskant	1. Bonding maskants 2. Critical use and line sealer maskants 3. Seal coat maskants 4. Maskants used with a combination of Type I or II etchant and any of the maskant types in 1, 2, or 3 above.			
§63.747(c)	Maskants used for touchup of scratched surfaces, damaged maskant, or trimmed edges			

3. COMPLIANCE OPTIONS

Check off the compliance option selected by the owner/operator and check "Yes" or "No" for each item in the table(s) for that option. If a requirement is not applicable, write "N/A" across the "Yes" or "No" portion of the applicable column.

Citation	Requirement	Measurement, Calculation, or Observation	Does Facility Perform Indicated Operation?	
			Yes	No
Option 1 §63.747(c)	Chemical milling maskant meets organic HAP/VOC limits			
Option 2 §63.747(d)	Add-on controls			
Option 3 §63.741(i)	Use of waterborne coatings			

A. Option 1: (§63.747(c)) **Organic HAP and VOC content limits** ☐

I. (§63.747(e)(1)) Each maskant meets limit ☐

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.747(b)	Handle and transfer maskant between containers in a manner that minimizes spills.			
Compliance §63.747(c) and (e)(1)	Each maskant in use meets the following content limits for both HAP and VOC:[a] 1. 5.2 lb/gal (622 g/liter) - Type I 2. 1.3 lb/gal (160 g/liter) - Type II			
Recordkeeping §63.752(f)(1)	Keep *monthly* records of mass of organic HAP and VOC emitted per unit volume of maskant as applied, all documentation for these emission values, and the monthly volume usage for each maskant formulation.			

[a]Different content limits apply to maskants used with Type I or Type II etchants, as shown.

OR

II. (§63.747(e)(2)) Weighted average content ☐

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.747(b)	Handle and transfer maskant between containers in a manner that minimizes spills.			
Compliance §63.743(d) and §63.747(c) and (e)(2)	The *monthly* volume-weighted average organic HAP and VOC contents meet the following limits: 1. 5.2 lb/gal (622 g/liter) - Type I 2. 1.3 lb/gal (160 g/liter) - Type II			
Recordkeeping §63.752(f)(2)	Keep records of *monthly* volume-weighted average mass of organic HAP and VOC for all maskants, and all documentation for these calculations.			

B. Option 2: (§63.747(d)) **Add-on control system** ☐

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Compliance §63.747(b)	Handle and transfer maskant between containers in a manner that minimizes spills.			
Compliance §63.747(d)	Use a control system that reduces organic HAP and VOC emissions with at least 81% overall efficiency (= capture efficiency x removal efficiency or mass balance calculation). See required Records below for verification of efficiency.			
Monitoring §63.751(b)(3)(iii), (b)(iv)	Conduct monitoring of capture and operating parameters established by plan and calculate site specific operating parameter value(s) that demonstrate compliance.			
Monitoring §63.751(b)(6)(iii)(A)	Install, calibrate, operate, and maintain a continuous emission monitor to measure total HAP or VOC concentration exhausted from control device (portable monitor allowed for nonregenerative carbon adsorbers).			
Monitoring §63.751(b)(6)(ii)	Perform a quarterly audit of the continuous emission monitor.			
Monitoring §63.751(b)(6)(iii)(D)	For *nonregenerative carbon adsorption systems*, replace the carbon at a regular predetermined time interval.			

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No
Monitoring §63.751(b)(8)	For *incinerators*, install, calibrate, maintain, and operate temperature monitoring equipment according to manufacturer's specifications. Every 3 months, replace or recalibrate temperature sensors (or use a CEMS to verify destruction efficiency).			
Monitoring §63.751(b)(9)	For *noncatalytic incinerators*, install thermocouples with continuous recorders immediately downstream of the firebox.			
Monitoring §63.751(b)(10)	For *catalytic incinerators*, install thermocouples with continuous recorders immediately before and after the catalyst bed.			
Recordkeeping §63.752(f)(3) and (4)	**Records for carbon adsorbers, as appropriate for the type of system:** 1. Overall control efficiency, with all data and calculations used to calculate efficiency; *For mass balance calculation:* 2. Length of rolling material balance period, with all data and calculations; 3. Certification of accuracy for the device that measures recovered HAP or VOC; and *For nonregenerative carbon adsorbers:* 4. Record of carbon replacement time. **Records for other control devices, as appropriate:** 1. Overall control efficiency and supporting calculations; *For noncatalytic incinerators:* 2. Continuous records of firebox temperature and calculated 3-hour averages; *For catalytic incinerators:* 3. Continuous records of temperature before and after the catalyst bed and all calculated 3-hour averages of such temperatures.			

C. Option 3: (§63.741(i)) **Use waterborne maskants** ☐

Citation	Requirement	Measurement, Calculation, or Observation	Yes	No

Compliance §63.741(i)	Maskant contains more than 5% water by weight as applied in its volatile fraction and meet applicable HAP and VOC limits. Exemptions from several rule requirements are specified.			
Compliance §63.747(b)	Handle and transfer maskants between containers in a manner that minimizes spills.			
Recordkeeping §63.741(i)	Keep manufacturer's supplied data and *annual* purchase records for each exempt waterborne maskant for 5 years.			

4. INSPECTOR COMMENTS:

CHEMICAL MILLING

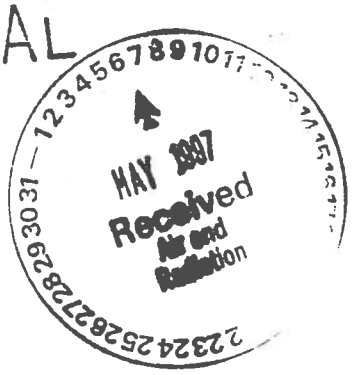
MR. HOWELL SAID NO MASKANT OPERATION

END OF CHECKLIST H

ATTACHMENT 8

OPL 97-I-93
1730152

ORIGINAL



May 5, 1997

Kansas Department of Health and Environment
Bureau of Air and Radiation
Attn: Permit Coordinator
Building 283
Forbes Field
Topeka, Kansas 66620

To whom it may concern:

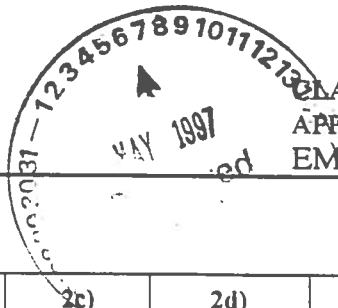
Enclosed, please find the corrected EC-01 form for Air Capitol Plating's Class I Operating Permit. Please submit this corrected form with the original report that was sent March 1, 1997. The PTE from the distillation unit (EU-DISTILL) was changed from >10 tons of individual HAPs to <10 tons of individual HAPs. In addition, the PTE of VOCs changed from >100 to <100.

A report demonstrating the methods used to derive the new PTE calculations are on file at the facility for review, if requested. If you have any questions, please contact our environmental consultants, Wichita Industrial Safety Council, Inc. at (316) 685-0777.

Sincerely,

David Duke
Quality Manager

Kansas Department of Health and Environment
Bureau of Air and Radiation



CLASS I OPERATING PERMIT
APPLICATION FORM EC-01
EMISSIONS CALCULATION

1) Source ID No.: 1730152

2a) Emission Source or Emission Group ID	2b) Pollutant	2c) Potential-to-Emit (tons/yr)	2d) Calculation Method (CM) Code	2e) Calculation Method Description (if CM code is 99)
EG-2PAINTBTHS	Individual HAPs	>10	010	-
	Combined HAPs	>25	010	-
	PM_{10}	<100	010	-
	VOCs	<100	010	-
EG-VAPORDEGRE	Individual HAP	>10	010	-
EU-PAINTSTRIP	Individual HAPs	<10	010	-
	Combined HAPs	<25	010	-
EU-OVEN	NO_x	<100	010	-
	SO_x	<100	010	-
	PM_{10}	<100	010	-
EU-DISTILL	Individual HAP	<10	010	-
	VOCs	<100	010	-
	PM_{10}	<100	010	-

DUPLICATE THIS FORM AS NEEDED

State of Kansas

Department of Health and Environment

James J. O'Connell, Secretary

March 12, 1997
Source ID No. 1730152

Mr. David Duke, Quality Manager
Air Capitol Plating, Inc.
1702 South Knight
Wichita, KS 67213

Dear Mr. Duke:

The Class I operating permit application for the Air Capitol Plating, Inc., received March 3, 1997, has been reviewed and deemed administratively complete for the purpose of filing a timely application. Accordingly, the facility may continue to operate in the same legal capacity as on this date until such time as final agency action is taken on the application or until such time as the application may be deemed incomplete as provided in K.A.R. 28-19-518.

The Kansas Department of Health and Environment may request additional information. Failure to submit any additional information requested by the department within the time-frame specified in the request, or within 60 days of the date of the request, if no time-frame is specified, will result in the application being deemed incomplete as of the date the requested information was to be submitted.

The Kansas air quality regulations require the application to be supplemented or corrected if the applicant becomes aware of relevant facts having been omitted or of incorrect information having been submitted. In addition, the owner or operator is required to submit such additional information as is necessary to address any requirements that become applicable to the facility after the date a complete application was filed but prior to the date the permit is placed on public notice. Please include a signed certification form CR-01 with any additional information submitted to the Department.

Please direct any questions regarding this communication or the Kansas Operation Permit Program to (913) 296-6439.

Sincerely,

Troy B. Percival
Engineering Associate
Bureau of Air and Radiation

clc

vision of Environment, Bureau of Air and Radiation
rbes Field, Building 283, Topeka, KS 66620-0001

Telephone: (913)296-1570
FAX: (913)291-3953

1730152

W.I.S.C.
The Best in KANSAS
WICHITA INDUSTRIAL SAFETY COUNCIL
P.O. Box 781656
WICHITA, KANSAS 67278-1656
Phone: (316) 685-0777 or (800) 239-0777 Fax: (316) 685-8330

February 27, 1997

Kansas Department of Health and Environment
Bureau of Air and Radiation
Building 283
Forbes Field
Topeak, KS 66620

To Whom it May Concern:

Enclosed, please find the Title V Class I operating permit application for Air Capitol Plating, Inc., 1702 S. Knight, Wichita, Kansas 67213, Source I.D. #1730152.

As Air Capitol Plating's environmental consultant, W.I.S.C. has attempted to locate emission factors for all facility operations involving the Title V regulated pollutants from the following references:

- Compilation of Air Pollutant Emission Factors, AP-42
- Locating and Estimating (L&E) Document Series
- FIRE Criteria Pollutant Emission Factors
- FIRE Air Toxic Pollutant Emission Factors
- EPA Transfer Technology Network (TTN) Bulletin Board

We have been thus far unable to locate emission information for the following emission units:

1. **Shot Peening**: Unable to locate any emission information from the above mentioned references or from the shot peen manufacturer. Dick Churchill from Wheelabrater of LaGrange, Georgia claims that the machine is 99% efficient and that no studies of emissions have been performed.
2. **Sand Blasting**: Unable to locate any emission information from the above mentioned references.
3. **Cyanide Electroplating** (NaCN): L&E states that "No emission test data were available for the cyanide plating operations".

4. **Cyanide Destruct** (using NaCN or KCN): Unable to location any emission information in the above mentioned references or from Michael Stewart, permit engineer, Bureau of Air and Radiation at KDHE.
5. **Cadmium Plating**: L&E states that "the emission potential from cadmium electroplating tanks is extremely low...50% of cadmium plating facilities reported zero emissions (on the Toxic Release Inventory) and 25% reported less than 10 lbs/year of cadmium released."
6. **Nickel Plating**: Unable to locate any emission information from the above mentioned references.
7. **Any Metal Process Tank**: Unable to locate any emission information from the above mentioned references.

On behalf of Air Capitol Plating, W.I.S.C. wishes to obtain a permit shield for the above sources/emission units. If it is later determined that an emission factor exists for any of these processes, we will be happy to calculate emissions at that time.

If you have any questions, please feel free to contact me at 316/685-0777.

Sincerely,

Tiffany Shenk

Tiffany Shenk, Environmental Manager
Wichita Industrial Safety Council

CLASS I OPERATING PERMIT APPLICATION FORM
MASTER LIST

Fill in the 7-digit source ID number (previously referred to as the permit number) that KDHE has requested to be used when corresponding with the Bureau of Air and Radiation (BAR). If the source has never been issued an air emission permit before, leave this line blank.

Source ID Number: 1730152

The following is a list of all class I operating permit application forms. In the blank by each form, enter the number of times that form is used in this operating permit application package. Enter "0" if that form is not used in this application package.

Application Fee

An application pertaining to a class I operating permit shall not be deemed complete unless accompanied by the appropriate fee [K.A.R. 28-19-516]. K.A.R. 28-19-516 (c) provides an application fee credit may be claimed by a source which also pays an annual emission fee. Contact the Bureau of Air and Radiation if the credit applies. Check the amount of application fee included in this permit application.

____ $1,000 for initial application

____ $1,000 for renewal application

____ $500 for application for a significant modification

__X__ Annual emission fee credit claimed

(GI) General Information Forms

(EC) Emission Calculations Forms

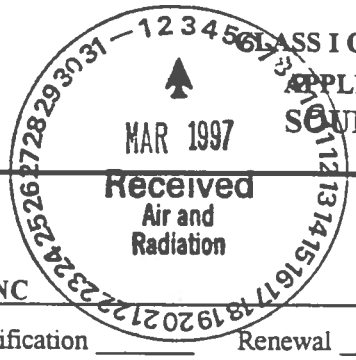
(CD) Compliance Demonstration Forms

(ME) Monitoring Equipment Form

(MOD) Modification Form

(CR) Certification Form

Kansas Department of Health and Environment
Bureau of Air and Radiation
Forbes Field, Bldg. 283, Topeka KS 66620
Phone (913) 296-6422 Fax (913) 291-3953



CLASS I OPERATING PERMIT
APPLICATION FORM GI-01
SOURCE INFORMATION

ORIGINAL

1) Source ID Number: 1730152

2) Site Name: AIR CAPITOL PLATING, INC

3) Type of Class I Permit: Initial X Modification _____ Renewal _____

4) Source Location: County: SEDGWICK

Street Address: 1702 SOUTH KNIGHT

City: Wichita State: KS

or Section - Township: - Range: -

Mailing Address: SAME

City: Wichita State: KS Zip: 67213

5) Corporate/Company Owner:

Name: Michael Wilson

Mailing Address: SAME

City: - State: - Zip: -

6) Corporate/Company Operator (if different than owner):

Name: Keith Dial ?

Mailing Address: SAME

7) Repsonsible official for this permit/source:

Mr/Ms: Mr. David Duke Phone: (316) 943-0731

Title: Quality Manager Fax: (316) 943-1028

At (check one): Owner Address _____ Operator Address _____ Source Address X

Other (specify) _____

8) Contact person for this permit:

Mr/Ms: Mr. David Duke Phone: (316) 943-0731

Title: Quality Manager Fax: (316) 943-1028

At (check one): Owner Address _____ Operator Address _____ Source Address X

Other (specify) _____

9) Standard Industrial Classification (SIC) Code and description for the source:

Primary: 3471 - Plating and Polishing (chemical plating/aircraft parts)

Other (if applicable): _____

Primary product produced (or activity performed) at the source: chemical plating and painting of aircraft parts

11) Are any alternative operating scenarios proposed in this permit application?

Yes _____ No __X__

If yes, attach a description of the proposal with copies of the basic forms affected by the operating change, notated as to information no longer applicable and noting new information applicable to the alternative operating scenarios.

12) List pollutants for which the source is major:

Trichloroethylene (HAP)

Methyl Ethyl Ketone (HAP)

Xylene (HAP)

VOCs

Combined HAPs

13) List pollutants for which the source has accepted or proposed permit limitations in order to reduce potential-to-emit to below major source thresholds: **NONE**

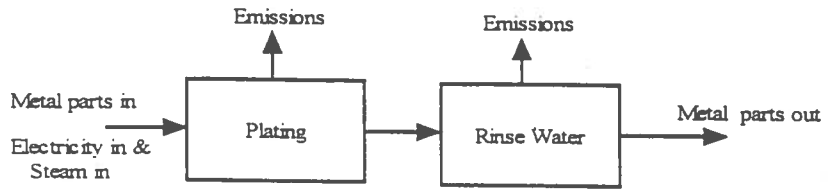
14) Brief description of the source or proposed source to be permitted (attach additional sheet if necessary):

Air Capitol Plating, Inc is a chemical plating plant for aircraft parts. The processes involved at the facility include vapor degreasing, metal finishing processes (anodizing, pickling, passivating, plating, chemical conversion), magnaflux, masking, shot peening, sandblasting, painting of aircraft parts, and waste treatment. The emission units present at the facility are: two paint booths, two vapor degreasers, a filter cake oven, chromic acid anodizing, paint stripping, and the distillation unit.

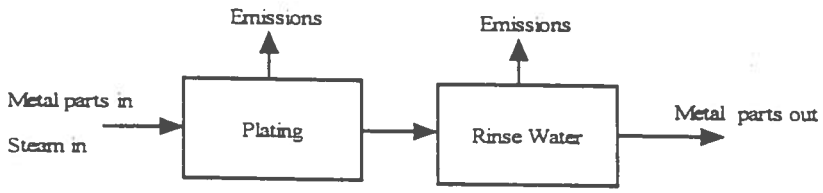
1) Source ID No.: 1730152
2) Flow Diagram:

Air Capitol Plating
PROCESS FLOW DIAGRAMS

ELECTROPLATING

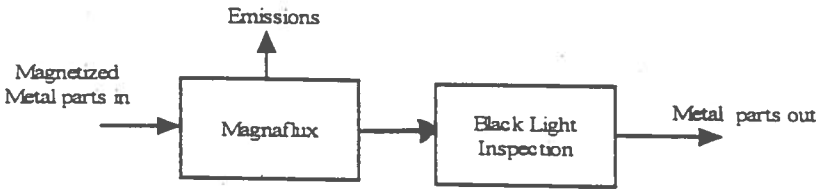


ELECTROLESS PLATING

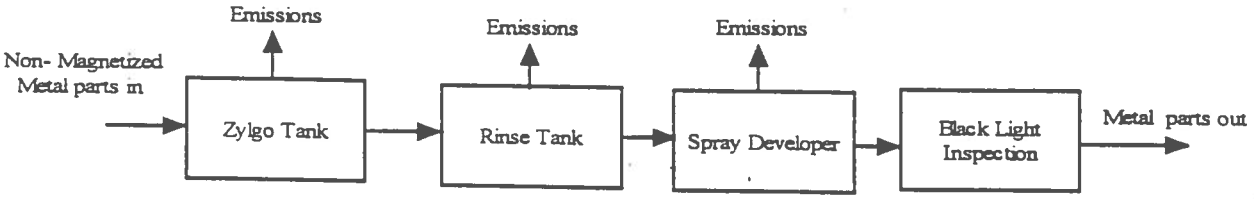


METAL INSPECTION

Magnaflux

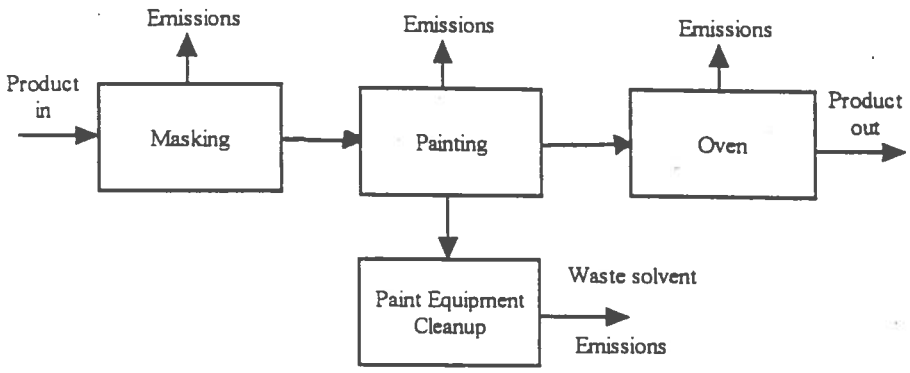


Dye Penetrant

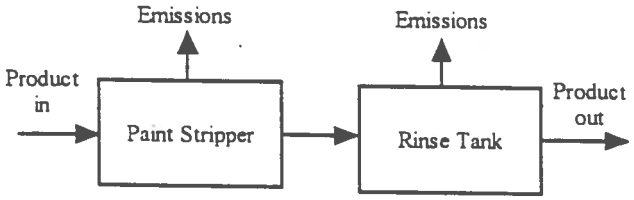


Source ID # 1730152

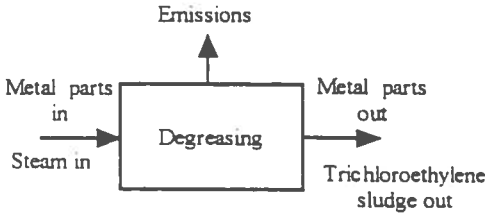
PAINTING



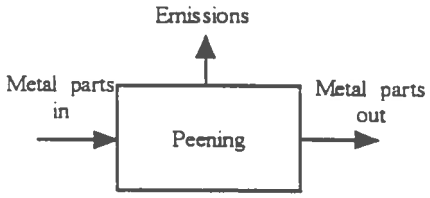
PAINT STRIPPING



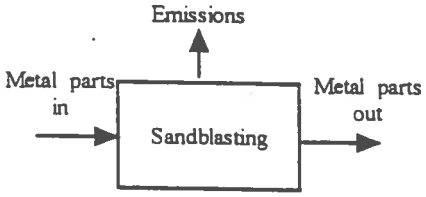
VAPOR DEGREASING



SHOT PEENING

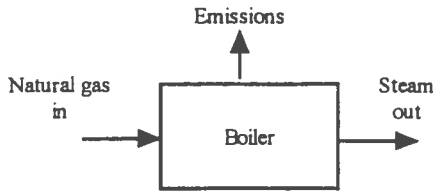


SANDBLASTING

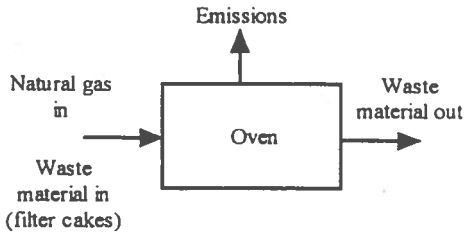


Source ID# 1730152

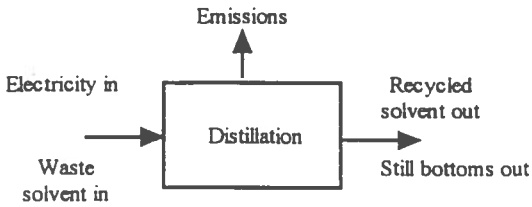
BOILERS



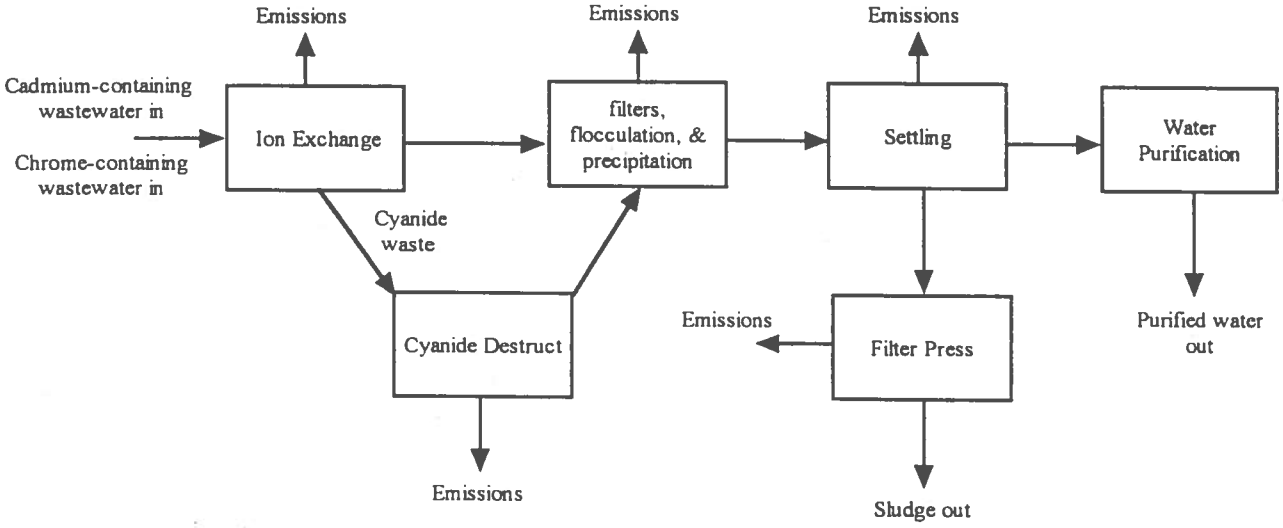
INCINERATOR



DISTILLATION UNIT

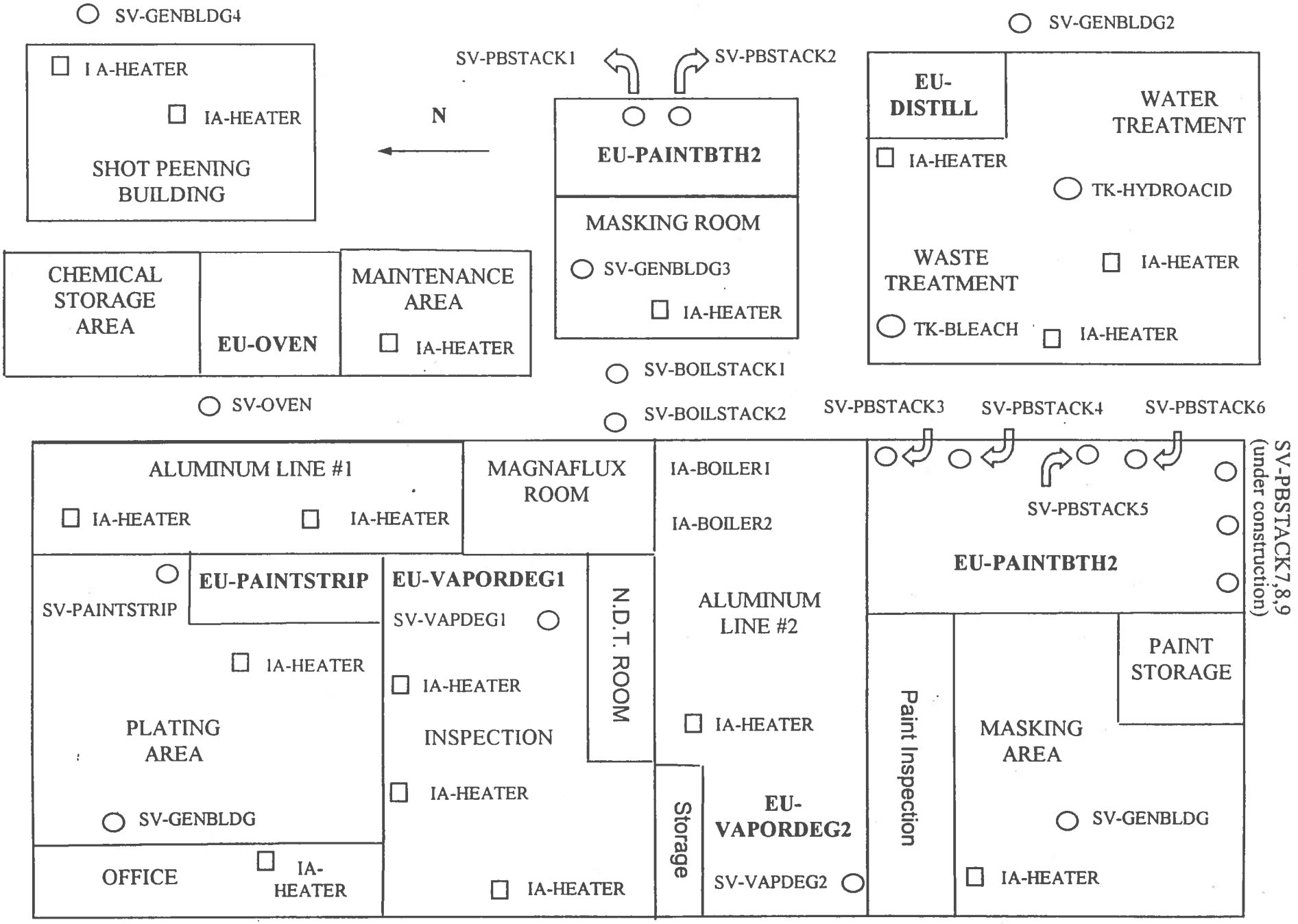


WASTE TREATMENT/WATER TREATMENT



1) Source ID No.: 1730152
2) Site Diagram:

SEE ATTACHED SHEET...


SV-GENBLDG4
I A-HEATER
IA-HEATER
SHOT PEENING BUILDING
N
SV-PBSTACK1
SV-PBSTACK2
EU-PAINTBTH2
MASKING ROOM
SV-GENBLDG3
IA-HEATER
SV-GENBLDG2
EU-DISTILL
WATER TREATMENT
IA-HEATER
TK-HYDROACID
WASTE TREATMENT
IA-HEATER
TK-BLEACH
IA-HEATER
CHEMICAL STORAGE AREA
EU-OVEN
MAINTENANCE AREA
IA-HEATER
SV-OVEN
SV-BOILSTACK1
SV-BOILSTACK2
SV-PBSTACK3
SV-PBSTACK4
SV-PBSTACK6
SV-PBSTACK7,8,9 (under construction)
ALUMINUM LINE #1
IA-HEATER
IA-HEATER
MAGNAFLUX ROOM
IA-BOILER1
IA-BOILER2
SV-PBSTACK5
EU-PAINTBTH2
SV-PAINTSTRIP
EU-PAINTSTRIP
EU-VAPORDEG1
SV-VAPDEG1
IA-HEATER
IA-HEATER
PLATING AREA
SV-GENBLDG
INSPECTION
IA-HEATER
N.D.T. ROOM
ALUMINUM LINE #2
IA-HEATER
Paint Inspection
PAINT STORAGE
MASKING AREA
SV-GENBLDG
IA-HEATER
OFFICE
IA-HEATER
IA-HEATER
Storage
EU-VAPORDEG2
SV-VAPDEG2

Kansas Department of Health and Environment
Bureau of Air and Radiation

CLASS I OPERATING PERMIT
APPLICATION FORM GI-05G

INSIGNIFICANT ACTIVITIES AND EMISSION LEVELS INFORMATION

1) Source ID No.: 1730152

2a) Insignificant Activity ID	2b) Description	2c) Stack/Vent ID
IA-HEATERS	Natural Gas Fired Space Heaters (throughout facility)	-
IA- BOILER1	Natural Gas fired - 10MM BTU/hr	SV-BOILSTACK1
IA- BOILER2	Natural Gas fired - 10MM BTU/hr	SV-BOILSTACK2
IA-		
IA-		
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DUPLICATE THIS FORM AS NEEDED

Kansas Department of Health and Environment
Bureau of Air and Radiation

CLASS I OPERATING PERMIT
APPLICATION FORM GI-051
TANK INFORMATION

1) Source ID No.: 1730152

2a) Tank ID	2b) Control Equipment ID	2c) Material(s) Stored	2d) Capacity (x 1000 gal.)	2e) Construction Type
TK-HYDROACID	NA	Hydrochloric Acid	.3	3
TK- BLEACH	NA	Bleach tank	.35	3
TK-				
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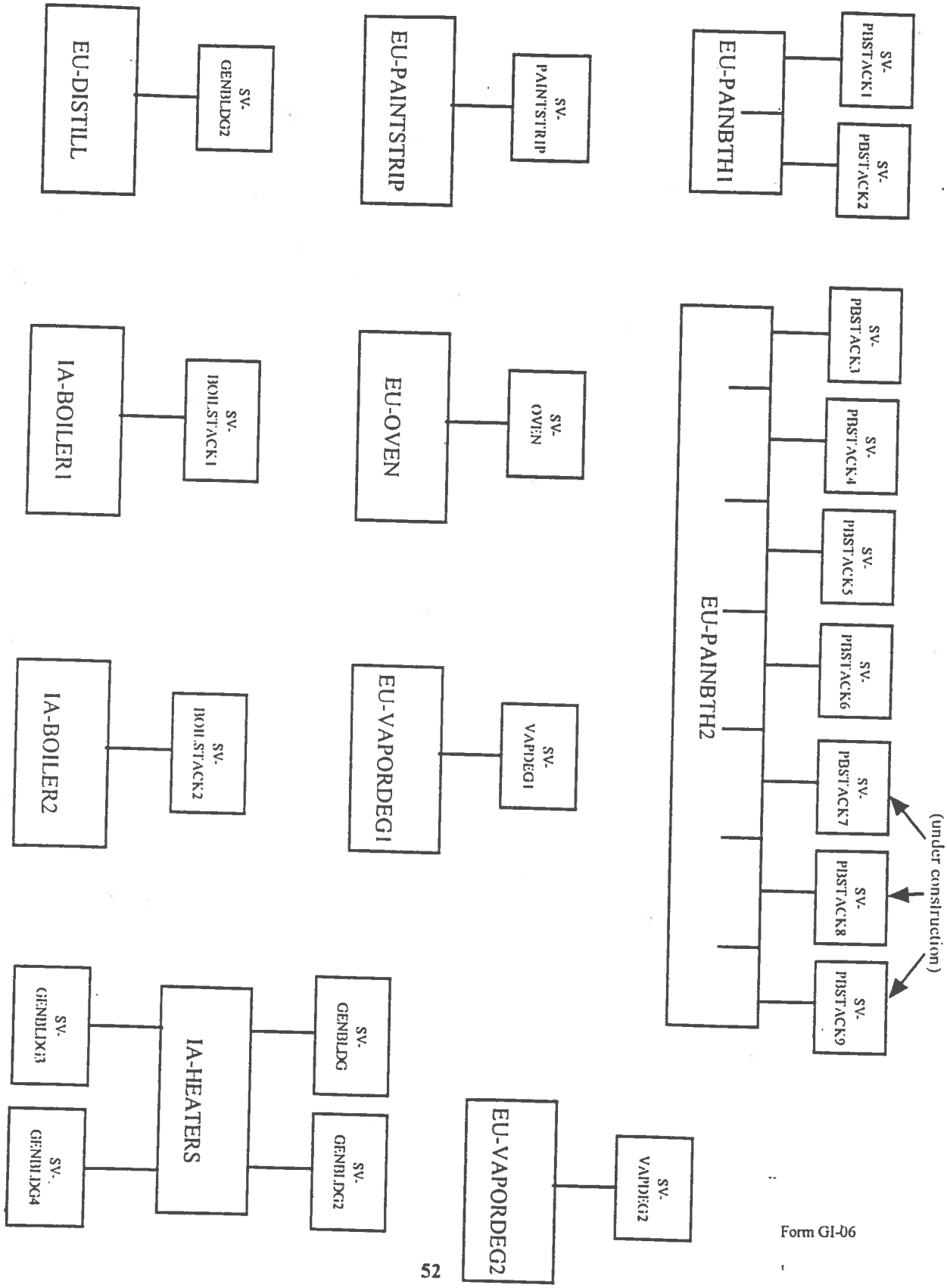
DUPLICATE THIS FORM AS NEEDED

1) Source ID No.: 1730152

2a) Emission Unit ID	2b) Emission Unit Description	2c) Stack/Vent ID	2d) Control Equipment ID
EU- PAINTBTH1	PAINTBOOTH	SV-PBSTACK1 SV-PBSTACK2	NA
EU- PAINTBTH2	PAINTBOOTH	SV-PBSTACK3 SV-PBSTACK4 SV-PBSTACK5 SV-PBSTACK6 SV-PBSTACK7 SV-PBSTACK8 SV-PBSTACK9	NA
EU- VAPORDEG1	VAPOR DEGREASER	SV-VAPDEG1	NA
EU- VAPORDEG2	VAPOR DEGREASER	SV-VAPDEG2	NA
EU- PAINTSTRIP	PAINT STRIPPING	SV-PAINTSTRIP	NA
EU- DISTILL	DISTILLATION UNIT	SV-GENBLDG1	NA
EU- OVEN	FILTER CAKE OVEN	SV-OVEN	NA
EU-			
EU-			
EU-			

DUPLICATE THIS FORM AS NEEDED

1) Source ID No.: 1730152
2) Stack/Vent Diagram:



DETERMINATION OF APPLICABLE REQUIREMENTS

Source ID Number: 1730152

Standards of Performance for New Stationary Sources

Read through the source category list of New Source Performance Standards (NSPS) in Table A. If an affected facility has been modified (as defined in 40 CFR 60.14), reconstructed (as defined in 40 CFR 60.15) or constructed on or after the effective date listed in the table, it may be subject to requirements of NSPS. To make the final determination, refer to the corresponding 40 CFR part 60 subpart. Submit corresponding application forms for each NSPS emission unit. Some non-major sources are also required by the applicable requirement to obtain a class I operating permit.

☐ Yes, the following subparts apply (e.g., NSPS subparts D, K, etc.):

_____

_____

_____

Complete the CD forms to address all applicable requirements.

☐ Yes, the source is a non-major source which is required to obtain a class I operating permit. **Contact BAR if the answer to this question is yes.**

☒ No, NSPS regulations do not apply to this source.

CFC (Stratospheric Ozone)

(40 CFR 82 and 1990 CAAA §601-618)

If the source manufactures, sells, distributes or uses any of the Class I and Class II ozone-depleting substances identified in the 1990 CAAA (see Table B), then CAAA §601-618 may apply.

☐ Yes, the source DOES manufacture, sell, distribute or use the following chemicals:

Chemical Name	Class Type	Replacement Chemical (after phase out)

☒ No, the source does NOT manufacture, sell, distribute or use any chemicals from the list.

Acid Rain (Phase I and II Facilities)
(40 CFR 72, 40 CFR 73, and 1990 CAAA §401-416)

An affected source is required to get a Class I operating permit. A source which is designated as a Phase I or Phase II source under Title IV of the 1990 CAAA (see Table C) is an affected source.

An electrical generating unit which commenced operation after 11/15/90, sells electricity, and is not operating under a new unit exemption is an affected source.

An electrical generating unit that, after 11/15/90, serves a generator unit with a nameplate capacity greater than 25 megawatts and sells electricity is an affected source.

A simple combustion turbine that added or began using auxiliary firing after 11/15/90 and sells electricity is an affected source.

If the source combusts fossil fuel and generates electricity for wholesale or retail (such as a cogeneration facility, a qualifying facility as defined in the Federal Power Act, an independent power producer, or a solid waste incinerator), review the applicability definitions in 40 CFR 72.6 to make a determination whether the source is an affected source.

- ☐ Yes, the source is an affected source as defined above. Complete form CD-01 to address all applicable requirements.
- ☐ Check this box if the source has an electrical generating unit that commenced operation after November 15, 1990, produces electricity for sale, serves one or more generators with a total nameplate capacity of 25 megawatts or less, burns only fuels with a sulfur content of 0.05% or less by weight in the new electrical generating unit and has a new unit exemption for each such electrical generating unit. Complete form CD-01 for each such electrical generating unit.
- ☒ No, the source is NOT an affected facility.

Hazardous Air Pollutants (HAP) Emission Sources
(40 CFR 63)

1) If the source has the potential-to-emit ten (10) tons per year or more of any single pollutant or twenty five (25) tons per year or more of any combination of pollutants listed in Table D, the source is a major HAP source and needs a Class I operating permit. Some area (non-major) sources are also required by the applicable requirement to obtain a class I operating permit.
   - ☒ Yes, the source is a major HAP source and requires a Class I operating permit. Complete the CD forms to address all applicable requirements.
   - ☐ Yes, the source is an area (non-major) source which is required to obtain a class I operating permit. **Contact BAR if the answer to this question is yes.**
   - ☐ No, the source is NOT a major HAP source.

2) Read through the Categories of Sources of Hazardous Air Pollutants (Table E) and check one of the following:
   - ☒ Yes, the source includes equipment that fits one or more of the major source categories listed in Table E. If yes, complete the following:

Categories	Scheduled Promulgation Date
Misc. Metal Parts and Products (surface coating)	11/15/00
Paint Stripper Users	11/15/00
Chromic Acid Anodizing	11/15/94

   If the source is subject to a proposed or promulgated standard, complete the CD forms to address all applicable requirements.
   - ☐ No, the source does NOT have any equipment that fits any of the major source categories listed in Table E.

Section 112 (r) Sources
(1990 CAAA §112(r))

I) Read through the list in Table F, Accidental Release Prevention list of regulated toxic/flammable substances and threshold quantities. List the substances which are in any process on the facility in an amount greater than the threshold quantities [§112(r)]:

Nitric Acid CAS #7697-37-2

Hydrofluoric Acid CAS #7664-39-3

And check one of the following:

☒ Yes, the source is subject to §112(r), Prevention of Accidental Releases.
☐ No, the source is NOT subject to §112(r).

If yes, has a management plan for the prevention of accidental releases that covers hazard assessment, pollution prevention, and emergency response issues been submitted to (1) Local Emergency Planning Committee; (2) State of Kansas; and (3) National Chemical Hazardous Investigation Board.

☐ Yes. ☒ No.

If no, submit a compliance schedule (Form CD-03).

Hazardous Organic NESHAP (HON) Rule
(40 CFR 63)

The HON rule applies to production of 386 chemical substances produced by Synthetic Organic Chemical Manufacturing Industry (SOCMI) as commercial products. A source is subject to the HON rule if the source: 1) is a major HAP source; 2) manufactures as a primary product one or more of the chemicals listed in Table G of the appendices; and 3) uses as a reactant or manufactures as a product, by-product, or co-product, one or more of the organic hazardous air pollutants listed in Table H of the appendices.

The HON Rule also includes certain equipment leak provisions that apply to non-SOCMI facilities, such as styrene/butadiene rubber production (butadiene and styrene emissions only); polybutadiene rubber production (butadiene emissions only); production of certain agricultural chemicals (butadiene, carbon tetrachloride, methylene chloride, and ethylene dichloride emissions only); certain polymers/resins or other chemical processes (carbon tetrachloride, methylene chloride, tetrachloroethylene, chloroform, ethylene dichloride, and butadiene emissions only); and pharmaceutical processes using carbon tetrachloride or methylene chloride (carbon tetrachloride and methylene chloride emissions only).

☐ Yes, the source (or a portion of it) is subject to the HON rule. Complete the CD forms to address all applicable requirements.
☒ No, the source is NOT subject to HON requirements.

National Emission Standard for Hazardous Air Pollutants (NESHAP)
(40 CFR 61)

Read through Table I. If the source emits any of the listed pollutants, and the source type, process or equipment matches those associated with the pollutant, a NESHAP requirement may apply to the source. To determine if a standard applies to the source, refer to the corresponding 40 CFR 61 subpart(s).

☐ Yes, the source (or a portion of it) is subject to a NESHAP requirement. Complete the CD forms to address all applicable requirements.
☒ No, the source is NOT subject to a NESHAP requirement.

VOC Regulations for Sources in Wyandotte and Johnson Counties (Reasonably Available Control Technology Rules)

If the source is located in Wyandotte or Johnson county and belongs to one or more of the following source categories, check KAR §28-19-61 through §28-19-77 to determine whether the source is subject to those regulations (check all that apply):

- ☐ Automobile and light duty truck surface coating (manufacturing only)
- ☐ Bulk gasoline terminals
- ☐ VOC liquid storage in permanent fixed roof type tanks
- ☐ VOC liquid storage in external floating roof tanks
- ☐ Petroleum refineries
- ☐ Leaks from petroleum refinery equipment
- ☐ Cutback asphalt
- ☐ Leaks from gasoline delivery vessels and vapor collection systems
- ☐ Printing operations
- ☐ Gasoline dispensing facilities
- ☐ Surface coating of miscellaneous metal parts and products and metal furniture
- ☐ Wool fiberglass manufacturing
- ☐ Solvent metal cleaning
- ☐ Lithograph printing operations
- ☐ Chemical processing facilities that operate alcohol plants or liquid detergent plants

Complete the CD forms to address all applicable requirements.

- ☒ N/A

Enhanced Monitoring
(40 CFR Part 64, 1990 CAAA §114(a)(3) and §504(b))

As of March 1996, federal EPA has not promulgated any enhanced monitoring regulation. The source may be subject to enhanced monitoring requirements and the submission of compliance certifications once regulations are promulgated.

Solid Waste Combustion
(1990 CAAA, §129(e), and KAR §28-19-500)
Is the source a municipal solid waste incinerator subject to rules adopted under section 129(e) of the federal Clean Air Act?

- ☐ Yes. Complete the CD forms to address all applicable requirements.
- ☒ No.

Permit Conditions
Conditions in construction permits which affect operations or emissions of the source in any manner are applicable requirements. Review all construction permits issued to this source. Check one of the following:

- ☐ Yes, the source has permit conditions. Complete the CD forms to address all applicable requirements.
- ☒ No, the source has no permit conditions.

Kansas State Implementation Plan (SIP) Rules
(KAR 28-19-20 through KAR 28-19-52)

1) Particulate Matter Emission Limitations (KAR 28-19-20).

If the source has any emission of particulate matter from any processing machine, equipment, device or other articles, or combination thereof, excluding indirect heating equipment and incinerators, the source is subject to KAR 28-19-20.

☐ Yes, the source is subject to KAR 28-19-20. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity not listed in the CD forms is certified by the applicant as being in compliance with this requirement.

☒ No, the source is NOT subject to KAR 28-19-20.

2) Sulfur Compound Emissions (KAR 28-19-22).

If the source has primary nonferrous smelters or any process gas stream that contains H_2S in concentrations greater than 10 grains per 100 cubic feet of gas, the source is subject to KAR 28-19-22.

☐ Yes, the source is subject to KAR 28-19-22. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity not listed in the CD forms is certified by the applicant as being in compliance with this requirement.

☒ No, the source is NOT subject to KAR 28-19-22.

3) Hydrocarbon Emissions Stationary Sources (KAR 28-19-23)

If the source has any stationary tank reservoirs or other containers of more than 40,000 gallons capacity of gasoline or any petroleum distillate having a vapor pressure of 3.0 pounds per square inch, absolute, or greater under actual storage conditions, the source may be subject to KAR 28-19-23.

☐ Yes, the source is subject to KAR 28-19-23. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.

☒ No, the source is NOT subject to KAR 28-19-23.

4) Carbon Monoxide (CO) Emissions (KAR 28-19-24).

If the source has a grey iron cupola, the source may be subject to KAR 28-19-24.

☐ Yes, the source is subject to KAR 28-19-24. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.

☒ No, the source is NOT subject to KAR 28-19-24.

5) Sulfuric Acid Mist (H_2SO_4) Emissions (KAR 28-19-26).
Sulfuric acid production activity is defined as a activity producing sulfuric acid through the contact process by burning elemental sulfur, alkylation acid, hydrogen sulfide, organic sulfides and mercaptans, or acid sludge. Sulfuric acid production activities do not include activities in which the conversion to sulfuric acid is used primarily to prevent emissions to the atmosphere of sulfur dioxide or other sulfur compounds.
If the source has a sulfuric acid production activity the source may be subject to KAR 28-19-26.

☐ Yes, the source is subject to KAR 28-19-26. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.

☒ No, the source is NOT subject to KAR 28-19-26.

6) Indirect Heating Equipment Emissions (KAR 28-19-30 through KAR 28-19-32).
Indirect heating equipment is any equipment in which fuel is burned for the primary purpose of producing steam, hot water, or hot air or other indirect heating or liquids, gases, or solids and in the course of doing so, the products of combustion do not come into direct contact with process materials.
If the source has any indirect heating equipment, the source may be subject to KAR 28-19-30 through KAR 28-19-32.

☐ Yes, the source is subject to KAR 28-19-30 through KAR 28-19-32. Complete the CD forms to address this requirement for any emission activity which was constructed after January 1, 1971 and which has not received a construction permit or approval if the emission activity is not in compliance. Any emission activity or equipment not listed in the CD forms is certified by the applicant as being in compliance with this requirement.

☒ No, the source is NOT subject to KAR 28-19-30 through KAR 28-19-32.

7) Incinerator Emissions (KAR 28-19-40 through KAR 28-19-43).
If the source has a waste incinerator or pyrolysis unit or modified open burning operation, the source may be subject to KAR 28-19-40 through KAR 28-19-43.

☐ Yes, the source is subject to KAR 28-19-40 through KAR 28-19-43. Complete the CD forms to address all applicable requirements.

☒ No, the source is NOT subject to KAR 28-19-40 through KAR 28-19-43.

8) Opacity Requirements (KAR 28-19-50)
Complete the CD forms to address opacity requirements for any emission activity except fugitive emissions. Unless an applicable requirement specifies a lower opacity:

- All Wyandotte County sources are subject to 20% opacity limitation.
- All incinerators are subject to 20% opacity limitation.
- Processing of materials, other use of premises and indirect heating equipment that existed on January 1, 1971 are subject to 40% opacity limitation.
- Processing of materials, other use of premises and indirect heating equipment not existing on January 1, 1971 are subject to 20% opacity limitation.

For the purposes of completing the CD forms, the following emission sources may be presumed to be in compliance with any opacity limits of 20% or greater:

- Heaters burning refinery gas at refineries, degreasing operations, painting operations, non-heat set printing operations, other non-heat set evaporative VOC sources, petroleum product storage tanks and glycol dehydrators.

For the purposes of completing the CD forms, the following emission sources may be presumed to be in compliance with any opacity limits of 20% or greater when operating on natural gas or propane/LPG:

- Burners in indirect heating applications, space heaters, turbines, internal combustion engines or boilers. This presumption does not include emissions from the material being heated in indirect heating applications.

The above listed presumptions allow those listed emission sources to be shown in compliance by entering "burns natural gas/propane/LPG" or "<20% opacity presumed", whichever is applicable, in column 2e) of form CD-01.

9) Is the source subject to any federally-enforceable emission limits which conflict with any applicable requirements?
Yes _____ No__X__ If yes, explain (use additional sheets as necessary):

Complete the CD forms to address all applicable requirements.

10) Does the applicant propose any exemptions from otherwise applicable requirements?

Yes _____ No__X__ If yes, explain (use additional sheets as necessary):

If "Yes" is checked, does the applicant request that the permit shield apply? Yes _____ No_____

11) Does the applicant propose any federally enforceable permit conditions?
Yes _____ No__X__ If yes, list them (use additional sheets as necessary):

Complete the CD forms to address all applicable requirements.

12) Does the applicant propose any permit terms and conditions allowing emissions trading which are otherwise authorized in the Kansas air quality regulations?

Yes _____ No__X__ If yes, list terms and conditions and reference the regulation which authorizes the emission trading (use additional sheets as necessary):

Complete the CD forms to address all applicable requirements.

13) Wyandotte County sources only. Is the source subject to any Wyandotte County ordinance as adopted into the Kansas State Implementation Plan at 40 CFR 52.870(c)(9)(iii)?

Yes ____ If yes, complete the CD forms to address all applicable requirements.
No ____
N/A X

Applicable Requirements That Will Become Effective During Permit Term

The following applicable requirements will become applicable to the source during the permit term:

Standard for Misc. Metal Parts and Products (surface coating); Standards for Paint Stripper Users.

The applicant is required to state that the emission unit or stationary source will meet, on a timely basis, all applicable requirements that will become effective during the permit term.

The Applicant Must Check the Following Box "Yes" in Order for this Application to be Determined Complete:

Yes X The stationary source which is the subject of this application will meet, on a timely basis, any applicable requirements which become effective during the permit term.

1) Source ID No.: 1730152

2a) Emission Source or Emission Group ID	2b) Pollutant	2c) Potential-to-Emit (tons/yr)	2d) Calculation Method (CM) Code	2e) Calculation Method Description (if CM code is 99)
EG-2PAINTBTHS	Individual HAPs	>10	010	-
	Combined HAPs	>25	010	-
	PM_{10}	<100	010	-
	VOCs	<100	010	-
EG-VAPORDEGRE	Individual HAP	>10	010	-
EU-PAINTSTRIP	Individual HAPs	<10	010	-
	Combined HAPs	<25	010	-
EU-OVEN	NO_x	<100	010	-
	SO_x	<100	010	-
	PM_{10}	<100	010	-
EU-DISTILL	Individual HAP	>10	010	-
	VOCs	>100	010	-
	PM_{10}	<100	010	-

DUPLICATE THIS FORM AS NEEDED

1) Source ID No.: 1730152

2a) Emission Group ID	2b) Emission Source ID
EG-2PAINTBTHS	EU-PAINTBTH1 EU-PAINTBTH2
EG-VAPORDEGRE	EU-VAPORDEG1 EU-VAPORDEG2
EG-	
EG-	
EG-	
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2a) Emission Group ID	2b) Emission Source ID
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DUPLICATE THIS FORM AS NEEDED

1) Source ID No.: 1730152

2a) Emission Source or Compliance Group ID	2b) Citation	2c) Applicable Requirement	2d) Compliance Status	2e) How is compliance status to be demonstrated? (Monitoring, reporting, record keeping, and/or performance test)	2f) Certification Report Schedule	2g) Subject to Enhanced Monitoring Rule?
CG-BOILERS	K.A.R. 28-19-50	Opacity limit of 20%	IN	Burns natural gas, presumed to be in compliance per Form GI-09 "SIP Rules" - 8)	NA	NO
CG-2PAINTBTHS	K.A.R. 28-19-50	Opacity limit of 20%	IN	Presumed to be in compliance per Form GI-09 "SIP Rules" - 8)	NA	NO
CG-VAPORDEGRE	K.A.R. 28-19-50	Opacity limit of 20%	IN	Presumed to be in compliance per Form GI-09 "SIP Rules" -8)	NA	NO
IA-HEATERS	K.A.R. 28-19-50	Opacity limit of 20%	IN	Burns natural gas, presumed to be in compliance per Form GI-09 "SIP Rules" - 8)	NA	NO

DUPLICATE THIS FORM AS NECESSARY

1) Source ID No.: 1730152

2a) Compliance Group ID	2b) Emission Source ID
CG-2PAINTBTHS	EU-PAINTBTH1 EU-PAINTBTH2
CG-VAPORDEGRE	EU-VAPORDEG1 EU-VAPORDEG2
CG-BOILERS	IA-BOILER1 IA-BOILER2
CG-	
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CG-	

2a) Compliance Group ID	2b) Emission Source ID
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DUPLICATE THIS FORM AS NEEDED

Kansas Department of Health and Environment
Bureau of Air and Radiation

CLASS I OPERATING PERMIT
APPLICATION FORM CD-03
COMPLIANCE SCHEDULE

1) Source ID No.: 1730152 2) Site Name: AIR CAPITOL PLATING, INC

The source must submit a compliance schedule with the permit application if, on the date of application, the source is out of compliance with any applicable requirement. This compliance schedule shall resemble and be at least as stringent as that contained in any judicial consent decree or administrative order to which the equipment, emissions source or stationary source is subject. The emissions unit or stationary source which is the subject of this permit shall continue to comply with all applicable requirements.

3) Non-Compliant Emission Source or Compliance Group ID: NA

4) Applicable Requirement from CD-01, column 2c): 1990 CAAA Part 112 (r)

5) Describe non-compliance and actions to be taken to bring into compliance:

Risk Management Plan for 112 (r) not yet submitted.

6) Milestones or Intermediate Steps	Date of Completion
a) Date by which preliminary evaluation of process change completed	NA
b) Date by which binding agreement entered into to alter emission unit or equipment	NA
c) Date by which construction permit applied for air pollution control equipment for this emission unit or equipment, or for replacement of this emission unit or equipment	NA
d) Date by which new emission source or equipment delivered to the source. If present emission unit or equipment was altered, state date such alteration began	NA
e) Date by which construction of new emission source or equipment completed	NA
f) Date by which alteration of existing emission source or equipment completed	NA
g) Date by which emission source or equipment tested to demonstrate compliance with the applicable requirements	NA
h) Other (Specify):	
Risk management plan will be submitted before the deadline of June 21, 1999	
i) Date by which emission unit or compliance group in full compliance	NA

7) Progress Report Schedule NA Every months beginning / /
(A schedule for submission of certified progress reports no less frequently than every 6 months)

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CERTIFICATION

I certify under penalty of law that the enclosed documents and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I also certify that the stationary source identified in this application is in compliance with all applicable requirements including those that will become applicable during the term of the permit, except those requirements for which a compliance schedule has been submitted in Compliance Schedule Form (CD-03). I understand that failure to comply with any term of a compliance schedule is considered to be a violation of regulation K.A.R. 28-19-511.

Name of Responsible Official (print or type): DAVID C. DUKE

Title: QUALITY CONTROL MANAGER

Signature: David C Duke Date: 02 / 28 / 97

Any person who fails to submit any relevant facts or who has submitted incorrect information in a permit application shall, upon becoming aware of such failure or incorrect submittal, promptly submit such supplementary facts or corrected information. In addition, an applicant shall provide additional information as necessary to address any requirements that become applicable to the stationary source after the date a complete application was filed but prior to the solicitation of public comments regarding the proposed permit. [K.A.R. 28-19-511 (f)]

ATTACHMENT 9

PAINT	TYPE	VOC (G/L) AS APPLIED LESS WATER	USAGE/MO GALLONS	USAGE/YR GALLONS	COMMENTS	> THAN 50 GAL/YR USAGE	EXCEEDS VOC LIMITS	MAY BE EXEMPT AS A SPECIATLY COATING
BMS 10-11 Cr	Primer W	643	364	4368	VOC >350 G/L	YES	YES	(NO)
BMS 10-20	Primer H	651	140	1680	VOC >350 G/L	YES	YES	INTEGRAL FUEL TANK PRIMER
BAC 702 WHITE	Topcoat H	414	50	600	VOC <420 G/L	YES	NO	NO
44GN-11 Cr	Primer Cr	342	141.67	1700	VOC <350 G/L	YES	NO	NO
17925 WHITE Epoxy	Topcoat H	902	7.08	85	VOC >420 G/L	YES	YES	NO ?
MIL-P-23377	Primer Cr H	324	37	444	VOC <350 G/L	YES	NO	NO
BMS 10-60 707 GRAY	Topcoat H	543	12	144	VOC >420 G/L	YES	YES	(NO)
BMS 10-86 707 GRAY	Topcoat H	532	7	84	VOC >420 G/L	YES	YES	HIGH SOLIDS ABRASION RESISTANT
57-10 TY51	Primer H	650	8	96	VOC >350 G/L	YES	YES	HEAT & FLUID RESISTANT
10-79 TYIII	Primer W	647	10	120	VOC >350 G/L	YES	YES	IMPACT RESISTANT PRIMER
37038 BLACK	Topcoat H	420	16.67	200	VOC =420 G/L	YES	NO	NO

17925 white Poly

NOTE:

I have accumulated this data including the enclosed MSDS's. The shaded rows may, for one reason or another, be exempt from the requirements of the NESHAP standard in question (40 CFR263 subpart GG). I am unsure of the criteria for qualifying as a speciality coating under the definition in 40CFR subpart GG 63.742. Does the EPA have to approve each coating as a speciality coating, or are the above product descriptions sufficient data to classify these primers and topcoats as speciality coatings? These coatings seem to fit the speciality coatings classification. Please contact me at (316) 943-0731 if you have any questions regarding any of the information I have given to you.

Thank you,

Curtis Howell